

# Orphans' Court Division

## Instructions for Completing

### Petition to Proceed *In Forma Pauperis*

If you are proceeding in an Orphans' Court case *pro se* (without an attorney representing you) and believe you do not have the financial resources to pay filing costs, you may request that costs be waived by filing a Petition to Proceed *In Forma Pauperis* ("IFP").

A sample IFP Petition and Affidavit form is attached. Your Petition **MUST** be filed with the Clerk of the Orphans' Court either electronically through the Court's website at <https://www.courts.phila.gov>, or in person in City Hall, Room 415, Philadelphia, PA 19107.

**NOTICE:** The Court is **not** permitted to provide legal advice. It is strongly recommended that you consult an attorney. The information provided here is not a substitute for professional legal advice.

1. All blanks and all questions **MUST** be filled in or answered. Dollar amounts **MUST** be clearly stated where requested. Your petition may be dismissed or denied for failure to properly complete all information.
2. Service of a copy of this petition **MUST** be made on the opposing party or the opposing party's attorney.
3. Your IFP Petition will be assigned to an Orphans' Court judge who will issue a Decree once a decision has been made. A hearing and/or supporting documents may be required.
4. If your IFP Petition is dismissed or denied, no further action may be taken without leave of court until the fees are paid to the Clerk of the Orphans' Court. **If the fees remain unpaid after ten (10) days, any filings you submitted may be dismissed without further notice.**

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#### **Definition of Terms:**

**Affidavit:** A voluntary declaration of facts written down and sworn to by the declarant before an officer authorized to administer oaths.

**In Forma Pauperis:** [Latin: "*in the manner of a pauper*"] To proceed in the manner of an indigent who is permitted to disregard filing fees and court costs.

**Petitioner:** A party who presents a petition to a court or other official body.

**Pro se:** [Latin: "*for oneself*"] A party who represents themselves in court without the assistance of an attorney.

**Respondent:** A party who is the subject of a Petition and must respond to it.

**COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY  
ORPHANS' COURT DIVISION**

O.C. No. \_\_\_\_\_ of \_\_\_\_\_

Control No. \_\_\_\_\_

Estate of \_\_\_\_\_, \_\_\_\_\_

**IN FORMA PAUPERIS DECREE**

**AND NOW**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, upon consideration of the Petition to Proceed *In Forma Pauperis* ("IFP"), it is hereby **ORDERED AND DECREED** that:

\_\_\_\_\_ IFP Status is **GRANTED** to the Petitioner for the entire case. Petitioner is under a continuing obligation to inform the Court of any improvement in financial circumstances that will enable the payment of filing fees and costs.

\_\_\_\_\_ IFP Status is **DENIED** for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The applicable filing fee must be paid to the Clerk of the Orphans' Court within ten (10) business days in accordance with Pa.R.Civ.P. No. 240(c)(1)(ii).

**BY THE COURT:**

\_\_\_\_\_  
**J.**

[your name]

\_\_\_\_\_, *pro se*  
(your name)

\_\_\_\_\_

\_\_\_\_\_  
(full address)

\_\_\_\_\_  
(area code and telephone number)

\_\_\_\_\_  
(email address)

**COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY  
ORPHANS' COURT DIVISION**

O.C. No. \_\_\_\_\_ of \_\_\_\_\_

Control No. \_\_\_\_\_

Estate of \_\_\_\_\_, \_\_\_\_\_

**PETITION TO PROCEED IN FORMA PAUPERIS**

**TO THE HONORABLE, THE JUDGES OF SAID COURT:**

Petitioner, (Please Print Your Name) \_\_\_\_\_, seeks leave  
to proceed in this matter *in forma pauperis*, and respectfully represents that:

1. I am the (indicate Petitioner or Respondent) ☐ Petitioner ☐ Respondent in these proceedings.
2. I reside at (state your full address) \_\_\_\_\_  
\_\_\_\_\_
3. I have listed my sources and amounts of income truly and correctly on the attached affidavit.

4. I have the following average monthly expenses for the indicated items:

Housing:\_\_\_\_\_

Insurance:\_\_\_\_\_

Utilities:\_\_\_\_\_

Transportation:\_\_\_\_\_

(Gas):\_\_\_\_\_

Medical:\_\_\_\_\_

(Oil):\_\_\_\_\_

Loans:\_\_\_\_\_

(Electric):\_\_\_\_\_

Laundry:\_\_\_\_\_

(Phone):\_\_\_\_\_

Child Care:\_\_\_\_\_

(Water):\_\_\_\_\_

Child Support:\_\_\_\_\_

Food:\_\_\_\_\_

Clothing:\_\_\_\_\_

5. I neither own nor have equity in any assets other than the following (state values in dollars):

\_\_\_\_\_  
\_\_\_\_\_

6. I am unable to pay the costs of these proceedings or to obtain the amount of costs from family or friends.

**WHEREFORE**, Petitioner prays that he/she be permitted to proceed in this matter *in forma pauperis*.

Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner (Print your name)

\_\_\_\_\_  
Petitioner (Sign your name)

\_\_\_\_\_, *pro se*  
(your name)

\_\_\_\_\_

\_\_\_\_\_  
(full address)

\_\_\_\_\_  
(area code and telephone number)

\_\_\_\_\_  
(email address)

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**COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY  
ORPHANS' COURT DIVISION**

**O.C. No.** \_\_\_\_\_ **of** \_\_\_\_\_

**Control No.** \_\_\_\_\_

**Estate of** \_\_\_\_\_, \_\_\_\_\_

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**PETITIONER'S AFFIDAVIT PURSUANT TO Pa.R.Civ.P. 240**

1. I, \_\_\_\_\_, am the ☐ Petitioner ☐ Respondent in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending the action or proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:
  - a. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**b. EMPLOYMENT**

*If you are presently employed, state:*

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Salary/wages Per Month: \_\_\_\_\_

Type of Work: \_\_\_\_\_

*If you are presently unemployed, state:*

Date of last Employment: \_\_\_\_\_

Salary/Wages Per Month: \_\_\_\_\_

Type of Work: \_\_\_\_\_

**c. OTHER INCOME WITHIN THE PAST TWELVE (12) MONTHS**  
*(state as dollar amounts)*

Business or Profession: \_\_\_\_\_

Other Self-employment: \_\_\_\_\_

Interest: \_\_\_\_\_

Dividends: \_\_\_\_\_

Pension and Annuities: \_\_\_\_\_

Social Security Benefits: \_\_\_\_\_

Support Payments: \_\_\_\_\_

Disability Payments: \_\_\_\_\_

Unemployment Compensation

& Supplemental Benefits: \_\_\_\_\_

Workman's Compensation: \_\_\_\_\_

Public Assistance: \_\_\_\_\_

Other: \_\_\_\_\_

**d. OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT**  
(state as dollar amounts)

(Wife) (Husband) (Friend) Name: \_\_\_\_\_

*If your (wife) (husband) (friend) is employed, state:*

Employer: \_\_\_\_\_

Salary/Wages Per Month: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Contributions from Children: \_\_\_\_\_

Contributions from Parents: \_\_\_\_\_

Other Contributions: \_\_\_\_\_

**e. CASH, BANK ACCOUNTS, AND INVESTMENT ACCOUNTS**  
(state as dollar amounts)

Cash on hand: \_\_\_\_\_

Checking Account: \_\_\_\_\_

Savings Account: \_\_\_\_\_

Certificates of Deposit: \_\_\_\_\_

Stocks & Bonds: \_\_\_\_\_

Other: \_\_\_\_\_

**f. PROPERTY OWNED, etc. (state as dollar amounts)**

Real Estate (Including Home): \_\_\_\_\_

Motor Vehicle: Make: \_\_\_\_\_ Year: \_\_\_\_\_

Cost: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Other: \_\_\_\_\_

**g. DEBTS AND OBLIGATIONS (state as dollar amounts)**

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loans: \_\_\_\_\_

Other: \_\_\_\_\_

**h. PERSONS DEPENDENT UPON YOU FOR SUPPORT**

(Wife) (Husband) Name: \_\_\_\_\_

Children, if any: \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Other Persons: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

4. I understand that I have a continuing obligation to inform the Court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.
5. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner (Print your name)

\_\_\_\_\_  
Petitioner (Sign your name)



### ***Certificate of Service***

I hereby certify that a true and correct copy of the foregoing petition was properly served upon all other parties or their attorney of record on the date listed below.

Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
(Print your name)

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
(Sign your name)