

_____, : IN THE COURT OF COMMON PLEAS
Plaintiff : OF NORTHUMBERLAND COUNTY, PA
 :
vs. : CIVIL LAW DIVISION
 : DOCKET NO. _____
_____, :
Defendant :

ORDER

AND NOW, this _____ day of _____, 201____, upon
consideration of the foregoing Petition and Affidavit, it is ORDERED and DIRECTED
that:

_____ Petitioner's request to proceed In Forma Pauperis is **GRANTED.**

_____ Petitioner's request to proceed In Forma Pauperis is **DENIED.**

BY THE COURT:

Judge

_____ ,	:	IN THE COURT OF COMMON PLEAS
Plaintiff	:	OF NORTHUMBERLAND COUNTY, PA
	:	
vs.	:	CIVIL LAW DIVISION
	:	DOCKET NO. _____
_____ ,	:	
Defendant	:	

PRAECIPE TO PROCEED IN FORMA PAUPERIS

TO THE PROTHONOTARY:

Kindly allow _____, to proceed In Forma Pauperis. I, _____, certify that I am unable to by the costs. My affidavit showing my inability to pay the costs of litigation is attached hereto.

Signature of Applicant

_____ ,	:	IN THE COURT OF COMMON PLEAS
Plaintiff	:	OF NORTHUMBERLAND COUNTY, PA
	:	
vs.	:	CIVIL LAW DIVISION
	:	DOCKET NO. _____
_____ ,	:	
Defendant	:	

AFFIDAVIT

- (1) I am the (Plaintiff) (Defendant) 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 have applied for an In Forma Pauperis (IFP) in the past. _____ Yes _____ No
If YES, when? _____ Was it granted? _____ Yes _____ No
- (4) If you have petitioned for an IFP in the past, have your financial circumstances changed since the last request? _____

If YES, how? _____

- (5) I represent that the information below relating to my ability to pay the fees and costs is true and correct.

NAME: _____

ADDRESS: _____

Date of Last Employment: _____ Salary/Wage: _____

OTHER INCOME WITHIN PAST TWELVE (12) MONTHS:

Business or Other: _____ Self Employment: _____

Interest: _____ Dividends: _____

Pension: _____ Social Security Income: _____

Support: _____ Disability: _____

Unemployment: _____ Workmen's Compensation: _____

Public Assistance: _____ Other: _____

OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:

Spouse: _____ Employer: _____

Salary: _____ Type of Work : _____

Contributions from parents or children: _____

PROPERTY OWNED:

Cash: _____ Checking Account: _____

CD's: _____ Savings Account: _____

Real Estate: _____ Estimated Value: _____

Car (Make, Model & Year) _____

Other Income: _____ Stocks & Bonds: _____

DEBITS AND OBLIGATIONS PER MONTH:

Mortgage/Rent: _____ Loans: _____

Credit Cards: _____ Child Support: _____

Electric: _____ Water/Sewage: _____ Fuel: _____

Medical: _____ Child Care: _____ Taxes: _____

Miscellaneous: _____ Transportation: _____

PERSONS DEPENDENT UPON YOU FOR SUPPORT:

Children's Name:	Age:
_____	_____
_____	_____
_____	_____
_____	_____

OTHER PERSONS AND RELATIONSHIPS DEPENDANT UPON YOU:

Name:	Relationship to Applicant:
_____	_____
_____	_____
_____	_____

I understand that I have a continuing obligation to inform the Court of any improvement in my financial circumstances that would permit me to pay the costs incurred herein.

I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are subject to the penalties of 18 Pa.C.S. 4904.

Date: _____

Signature of Applicant: _____