

_____,
 Plaintiff
 v.
 _____,
 Defendant

:IN THE COURT OF COMMON PLEAS
 :OF NORTHUMBERLAND COUNTY, PA
 :
 :
 :DOCKET NO. _____
 :
 :

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 represent that the information below relating to my ability to pay the fees and costs is true and correct:

Name: _____

Address: _____

Present Employment: _____

Date of Last Employment: _____ Salary / Wage: _____

OTHER INCOME WITHIN PAST TWELVE (12) MONTHS:

Business or Other: _____ Self Employment: _____

Interest: _____ Dividends: _____

Pension: _____ Social Security: _____

Support: _____ Disability: _____

Unemployment: _____ Workmen's Compensation: _____

Public Assistance: _____ Other: _____

OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:

Husband/Wife: _____ Employer: _____

Salary: _____ Type of Work: _____

Contributions from parents or children: _____

PROPERTY OWNED:

Cash: _____ Checking Account: _____

CD's: _____ Savings Account: _____

Real Estate: _____ Estimated Value: _____

Make Model and Year of Auto: _____

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 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

_____, :
Plaintiff :
 :
v. :
 :
 :
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 pay the cost. My affidavit showing my inability to pay the costs of litigation is attached hereto.

Signature of Applicant

_____,
Plaintiff

v.

_____,
Defendant

:IN THE COURT OF COMMON PLEAS
:OF NORTHUMBERLAND COUNTY, PA

:
:
:
:
:
:
:

DOCKET NO. _____

ORDER

AND NOW, this _____ day of _____, 20____, upon
consideration of the foregoing Petition and Affidavit, IT IS ORDERED and DIRECTED
that _____ be permitted to proceed in this action In Forma
Pauperis pursuant to Pa.R.C.P. 240.

BY THE COURT:

Judge