

Instructions & Forms for:

Petition to Proceed In Forma Pauperis

Petition to Proceed In Forma Pauperis Instructions

The following numbers on these instructions correspond with the numbers in the arrowboxes beginning on page 1 on the In Forma Pauperis form. Use the form with the arrowboxes to guide you through filling out the blank form.

1. On page 1, by arrowbox 1 write your name. Write your name exactly as you wrote it on the other forms.
2. On page 1, by arrowbox 2 write your spouse's name. Write your spouse's name exactly as you wrote it on the other forms.
3. Do not write anything by arrowbox 3. The Prothonotary's Office will write the docket number for your divorce by arrowbox 3 at the time of filing.

Do not write anything else on Page 1 as it will be completed by the Court.




Complete the form by providing the information requested on pages 2 through 5. Remember to answer each question.

4. On page 2, by arrowbox 4 write your name. Write your name exactly as you wrote it on page 1 of this form.
5. On page 2, by arrowbox 5 write your spouse's name. Write your spouse's name exactly as you wrote it on page 1 of this form.
6. On page 2, by arrowbox 6 do not write anything.

FILL IN ALL PERTINENT INFORMATION ON PAGES 2 THROUGH 5.

7. On page 6, by arrowbox 7 write the date on which you are completing this form.
8. On page 6, by arrowbox 8, after carefully reading the statements, sign your name on the form.

IN THE COURT OF COMMON PLEAS OF
SUSQUEHANNA COUNTY, PENNSYLVANIA

 _____, : CIVIL ACTION-LAW
PLAINTIFF :
vs. :
 _____, :
DEFENDANT :
Case No.  _____

PETITION TO PROCEED IN FORMA PAUPERIS & AFFIDAVIT

1. I am the petitioner in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending this 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.) My Name is: _____
My Address is: _____

b.) Employment:
If you are presently employed, state your:
Employer: _____

Employer's Address: _____

Salary or wages per month: _____

Type of work: _____

If you are presently unemployed, state:

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

c.) Please list any other income received **within** the past twelve months:
(Write the gross amount (before taxes) per **month** that you received and the months you received this income.)

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and annuities: _____

Social security benefits: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and/or supplemental benefits: _____

Workers' Compensation: _____

Public assistance: _____

Other: _____

d.) Other contributions to household support:

(Write the gross amount (before taxes) per month that you received and the months you received this income.)

(Wife) (Husband) Name: _____

If your (wife) (husband) is employed, please state

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

e.) Property owned:

Cash: _____

Checking Account: _____

Savings Account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor Vehicle: Make _____, Year _____,

Cost: _____ Amount Owed: _____

Stocks and bonds: _____

Other: _____

f.) Debts and obligations:

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(Write all of your regular monthly bills, phone, utilities, cable, insurance, etc.)

g.) Persons dependent upon you for support:

(Wife/Husband) Name: _____

Children, if any:

Name: _____ 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

IN THE COURT OF COMMON PLEAS OF
SUSQUEHANNA COUNTY, PENNSYLVANIA

PLAINTIFF
vs.

DEFENDANT

: CIVIL ACTION-LAW
:
:
:
:
:
:
:
:
:
:

Case No. _____

ORDER RE: MOTION TO PROCEED IN FORMA PAUPERIS

AND NOW, this _____ day of _____, 20____, the Petitioner's Motion to Proceed In Forma Pauperis is granted as to the filing fees and costs.

BY THE COURT,

J.

Employer's Address: _____

Salary or wages per month: _____

Type of work: _____

If you are presently unemployed, state:

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

c.) Please list any other income received within the past twelve months:
(Write the gross amount (before taxes) per month that you received and the months you received this income.)

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and annuities: _____

Social security benefits: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and/or supplemental benefits:

Workers' Compensation: _____

Public assistance: _____

Other: _____

d.) Other contributions to household support:

(Write the gross amount (before taxes) per month that you received and the months you received this income.)

(Wife) (Husband) Name: _____

If your (wife) (husband) is employed, please state

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

e.) Property owned:

Cash: _____

Checking Account: _____

Savings Account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor Vehicle: Make _____, Year _____,

Cost: _____ Amount Owed: _____

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Other: _____

f.) Debts and obligations:

Mortgage: _____

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Other: _____

(Write all of your regular monthly bills, phone, utilities, cable, insurance, etc.)

g.) Persons dependent upon you for support:

(Wife/Husband) Name: _____

Children, if any:

Name: _____ 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