

Instructions for Completing In Forma Pauperis (IFP) Forms

The Petition to Proceed In Forma Pauperis is to be completed if you feel you cannot afford the filing fees associated with your case. If the Judge agrees you cannot afford the fees, based on your answers provided on the IFP, then the County will pay the fees for you. If the Judge feels you can pay the fees you will then need to pay the fees either in the Prothonotary's Office or the Clerk of Courts (both located in the Courthouse on the 1st floor).

1. Fill out the IFP to the best of your abilities, completing EVERY line. LEAVE NO BLANK LINES.
2. Be sure the top heading is completed EXACTLY THE SAME on all forms. In other words, be sure the Plaintiff is shown as the same and the Defendant is shown as the same on every form.
3. At # 1 on page 1, be sure to circle whether you are the Plaintiff or the Defendant. If you were the original defendant you will continue to stay as such. Meaning, for example, if you are filing for custody modification and you are the defendant under the original filings you are still the defendant. You are still the defendant, but also the Petitioner. You are the one who is petitioning the court. The other party is still the Plaintiff, but also is now the Respondent.
4. DO NOT use "N/A" or "Not Applicable." Everything is applicable, even if the answer is "none" or "0." DO NOT use dashes or cross anything out.
5. DO USE "none" or "0" if necessary.
6. Be sure to indicate monies coming in and out PER MONTH. For example, if you receive support payments of \$500 per month write this as "\$500/mo."
7. Pay special attention to 3.(f) Debts and Obligations. This is where you list all your monthly expenses. For example, if you pay a monthly health or car insurance premium, you will want to list this here under "Other."
8. Make sure you sign the forms on the line above "Plaintiff/Defendant." With IFPs there are 2 places for you to sign: bottom of the first page and on page 4.

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

(c) Other income within the past twelve months:

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and Annuities: _____

Social Security benefits: _____

Support Payments: _____

Disability payments: _____

Unemployment compensation and supplemental benefits: _____

Workman's Compensation: _____

Public Assistance: _____

Other: _____

(d) Other contributions to household support

(Wife) (Husband) Name: _____

If your (Wife) (Husband) is employed, 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: \$ _____

Stock/Bonds: _____

Other: _____

(f) Debts and obligations:

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) Persons dependent upon you for support:

(Wife) (Husband) Name: _____

Children, if any:

Name: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Other persons: _____

Name: _____

Relationship: _____

4. I understand that I have 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 to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsifications to authorities.

Petitioner/Plaintiff

Date: _____

