

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION – LAW

Plaintiff
v. _____
Defendant
: : : : : :
A.D.200__

PETITION TO PROCEED IN FORMA PAUPERIS
PURSUANT TO Pa. R.C.P. 240

I, the undersigned, do hereby state under oath:

1. My name is _____ and I live at _____
2. I have filed the above action but I do not have the financial resources to pay the costs of filing such action and any other costs of litigation.
3. I am not represented by an attorney in this matter.
4. I have attached an affidavit to this petition concerning my financial situation.
5. I request that the Court allow me to proceed without paying any costs or fees with respect to this litigation.
6. I verify that the statements made in this Petition are true and correct to the best of my knowledge, information and belief. I further understand that any false statements made herein are subject to the penalties of 18 Pa. C.A. § 4904 relating to unsworn falsifications to authorities.

Date: _____

Petitioner/Plaintiff

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION – LAW

Plaintiff
v. _____
Defendant
: : : : :
A.D. 200__

AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED INFORMA PAUPERIS
PURSUANT TO Pa. R.C.P. 240

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 of proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the cost 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: _____

Social Security Number: _____

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

