



Crawford County Court Administration
Crawford County Judicial Center
359 E. Center Street
Meadville, PA 16335
PH: 814-333-7498

Docket No: _____

I, _____, residing at _____, request that this Court permit me to proceed in forma pauperis (without payment of the filing fee). In support of this I state the following:

1. I am the defendant in the above-captioned matter and because of my financial condition am unable to pay the fee for filing this action.
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:

Employment Information

If you are presently employed, state employer:

Name: _____
Address: _____
Salary or Wages per Month: \$ _____ Type of Work: _____

If you are presently unemployed, state:

The date of my last employment was: _____
Salary or Wages per Month: \$ _____ Type of Work: _____

Other Income Received Within The Past Twelve Months

Spouse's name: _____

If spouse is presently employed, state employer:

Name: _____
Address: _____
Salary or Wages per Month: \$ _____ Type of Work: _____

If spouse is presently unemployed, state:

The date of spouse's last employment was: _____
Salary or Wages per Month: \$ _____ Type of Work: _____

Contributions from Children: \$ _____
Contributions from Parents: \$ _____
Other Contributions: \$ _____



Motion to Proceed In Forma Pauperis

Docket No: _____

Assets/Property Owned

Cash:	\$ _____	Certificates of Deposit:	\$ _____
Checking Account:	\$ _____	Stocks and Bonds:	\$ _____
Savings Account:	\$ _____	Other:	\$ _____

Real Estate:

Do you own a home or other real property? If so, please provide for each:

Address: _____

Assessed Value: \$ _____ Amount Owed: \$ _____

Motor Vehicle:

Do you own an automobile? If so, please provide for each:

Make: _____

Model: _____ Year: _____

Cost: \$ _____ Amount Owed: \$ _____

Debts and Obligations

Rent:	\$ _____	Loans:	\$ _____
Mortgages:	\$ _____	Other:	\$ _____

(Other than those listed above)

Persons Dependent Upon Me For Support

Spouse's Name: _____

Ages of Minor Children, if any: _____

Other Persons (non-minor)

Name: _____	Relationship: _____
Name: _____	Relationship: _____

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.

I, _____, verify that the statements made in this petition are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Petitioner _____ Date _____

