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 <u>is</u> 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.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

	:	
Plaintiff	:	
	:	
v.	:	No
	:	
Defendant	:	

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

Plaintiff/Defendant

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

	:	
Plaintiff	:	
	:	
v.	: No	
	:	
Defendant	:	

AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED IN FORMA 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:

(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
(e)	Property owned

	Cash:	
	Checking account:	
	Savings account:	
	Certificates of Deposit:	
	Real Estate (including home):	
	Motor Vehicle: Make Cost: \$	Year 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 person(5):		
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 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.

Date

Plaintiff/Defendant

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

	:	
Plaintiff	:	
V.	:	No
Defendant	:	
	ORI	DER
AND NOW,	, 20	, upon consideration of the Petition filed by the
the Plaintiff / Defendant in this action	on, and su	pported by an Affidavit attached thereto, all being
pursuant to Pa. R.C.P. 240, the 🗌 Plaintiff	/ Defe	endant is granted leave to proceed in forma
pauperis at this time.		
The Plaintiff / Defendant is directed	l to inform	the Prothonotary's office or the Court if any
improvement in his/her financial circumsta	ances that	would permit him/her to pay the cost incurred in

this action and shall be responsible for doing so upon an improvement of his/her financial condition.

BY THE COURT:

J.