

IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: ADOPTION OF _____ : NO.:
: _____
: _____
: _____
: _____

PETITION TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE, THE JUDGES OF SAID COURT:

Petitioner, _____, seeks leave to proceed in

this matter *in forma pauperis*, and respectfully represents that:

1. I am the birth (father)(mother) in these proceedings.
2. I reside at _____

3. I have listed my sources and amounts of income truly and correctly on the attached affidavit.
4. I have the following average monthly expenses for indicated items:

Housing: _____	Insurance: _____
Utilities: _____	Transportation: _____
(Gas): _____	Medical: _____

(Oil): _____ Loans: _____
(Electric): _____ Laundry: _____
(Phone): _____ Child Care: _____
Food: _____ Child Support: _____
Clothing: _____

5. I neither own nor have equity in any assets other than the following (state values in dollars): _____

6. I am unable to pay the costs of these proceedings or to obtain the amount of costs from family or friends.

WHEREFORE, Petitioner prays that he/she be permitted to proceed in this matter *in forma pauperis*.

Petitioner (Print your name)

Petitioner (Sign your name)

Telephone Number

IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE: ADOPTION OF _____ : NO.:
: _____
: _____
: _____

AFFIDAVIT TO PROCEED IN FORMA PAUPERIS

1. I am the birth (father)(mother) in the above matter and because of my financial condition am unable to pay the fees and costs of the 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. 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:

Workers' 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 _____

Stocks and 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:

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

Address:

Telephone #

CERTIFICATE OF SERVICE

I hereby certify that on _____, 20____, I served a copy of this petition upon all other parties or their attorney of record by:

Please check one -

_____ Regular First Class Mail

_____ Certified Mail

_____ Other (Please explain) _____

Name of Petitioner (Print Name)

Signature of Petitioner (Sign Name)