

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

IN RE:

FILE NO:

ORDER

AND NOW, this _____ day of _____, 20____, upon consideration of the Petition to Proceed *In Forma Pauperis* filed by _____, in the above captioned matter, it is hereby ORDERED that the Petitioner shall be excused from the payment of any filing fees and shall proceed *In Forma Pauperis* until further Order of the Court.

BY THE COURT:

, J.

PETITION TO PROCEED IN FORMA PAUPERIS

1. I, _____, am the _____ in the above captioned matter.
2. I am unable to pay the costs of litigation due to my financial situation.
3. I have attached an Affidavit to Proceed In Forma Pauperis as Exhibit "A" to this Petition which accurately reflects my financial situation.
4. I will be unable to conduct this litigation without relief from the filing fees and court costs.

WHEREFORE, Petitioner respectfully requests this Honorable Court to enter an Order excusing Petitioner from the payment of all filing fees associated with the above captioned matter.

Respectfully Submitted,

Print Name: _____

Signature: _____

Date: _____

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

IN RE:

File No.:

Affidavit to Proceed *In Forma Pauperis*

1. I am the _____ 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: _____

Social Security Number: _____

b.) Employment

If you are presently employed, state:

Employer: _____

Address: _____

Salary or wages per month: _____

Type of work: _____

If you are 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: _____

Workman's Compensation: _____

Public Assistance: _____

Other: _____

d.) Other contributions to household support

Spouse's Name: _____

If your spouse 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 \$ _____

f.) Debts and obligations

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

g.) Persons dependent upon you for support

Spouse's 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 16 Pa.C.S. §4904 relating to unsworn falsification to authorities.

DATE: _____

Petitioner

Address: _____

Telephone Number: _____