

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

_____, *pro se*
(your name)

(full address)

(area code and phone number)

_____ : _____ Term 20_____
_____ : (month) (year)

Plaintiff(s)

VS.

Defendant(s)

NO. _____

In Forma Pauperis Order

AND NOW, this _____ day of _____, 20_____, it is hereby ORDERED AND DECREED that:

1. Petitioner be permitted to proceed without paying the costs of this proceeding or posting a bond.
2. Petitioner be permitted to obtain service of the papers filed without cost.
3. Petitioner be permitted to proceed *in forma pauperis* as to any additional costs which accrue in the course of this proceeding.

4. If there is a monetary recovery by judgment or settlement in favor of the party permitted to proceed *in forma pauperis*, the exonerated fees and costs shall be taxed as costs and paid to the Prothonotary by the party paying the monetary recovery.

5. Petitioner has a continuing obligation to inform the Court of any improvement in the party's financial circumstances that will enable the party to pay costs.

BY THE COURT:

J.

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

_____, *pro se*
(your name)

(full address)

(area code and phone number)

_____ : _____ Term 20_____
_____ : (month) (year)

Plaintiff(s)

VS.

Defendant(s)

NO. _____

**Petition to Proceed In Forma Pauperis
and Without Payment of Bond**

TO THE HONORABLE, THE JUDGES OF SAID COURT:

Petitioner, (your name) _____, seeks
(please print your name)

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

1. I am the *(indicate plaintiff or defendant)* _____ in these proceedings.

2. I reside at (*state your full address*) _____

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: _____
(<i>Gas</i>): _____	Medical: _____
(<i>Oil</i>): _____	Loans: _____
(<i>Electric</i>): _____	Laundry: _____
(<i>Phone</i>): _____	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.

Court Term _____ 20 ____ and No. _____

WHEREFORE, Petitioner prays that he/she be permitted to proceed in this matter *in forma pauperis* and without the payment of bond.

Petitioner (Print your name)

Petitioner (Sign your name)

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

_____, *pro se*
(your name)

(full address)

(area code and phone number)

_____ : _____ Term 20_____
_____ : (Month) (Year)

Plaintiff(s)

VS.

Defendant(s)

NO. _____

**Petitioner's Affidavit
Pursuant to PA. R.C.P. 240**

COMMONWEALTH OF PENNSYLVANIA :

: SS.

COUNTY OF BUCKS :

1. I, _____, am the **(Plaintiff) (Defendant)**
(circle one)

in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending 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/Wages
Per Month: _____
Type of Work: _____

If you are presently unemployed, state:

Date of last Employment: _____
Salary/Wages
Per Month: _____
Type of Work: _____

(c) **OTHER INCOME WITHIN THE PAST TWELVE (12) MONTHS**
(state as dollar amounts)

Business or Profession: _____
Other Self-employment: _____

Interest: _____

Dividends: _____

Pension and Annuities: _____

Social Security Benefits: _____

Support Payments: _____

Disability Payments: _____

Unemployment Compensation &

Supplemental Benefits: _____

Workers' Compensation: _____

Public Assistance: _____

Other: _____

(d) ***OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT (state as dollar amounts)***

(Wife)(Husband)(Friend) Name: _____

If your (wife) (husband) (friend) is employed, state:

Employer: _____

Salary/Wages
Per Month: _____

Type of Work: _____

Contributions
From Children: _____

Contributions
From Parents: _____

Other Contributions: _____

(e) ***PROPERTY OWNED (state as dollar amounts)***

Cash: _____

Checking Account: _____

Savings Account: _____

Certificates of Deposit: _____

Real Estate

(Including Home) _____

Motor Vehicle: Make _____ Year _____

Cost: _____ Amount Owed: _____

Stocks & Bonds: _____

Other: _____

(f) ***DEBTS AND OBLIGATIONS (state as dollar amounts)***

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) ***PERSONS DEPENDENT UPON YOU FOR SUPPORT***

(Wife) (Husband) Name: _____

Children, if any: _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Other Persons:

Name: _____

Relationship: _____

4. I understand that I have a continuing obligation to inform the Court of improvement in my financial circumstance 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.

Dated: _____

Petitioner (Print your name)

Petitioner (Sign your name)

Sworn to and subscribed before me this

_____ day of _____, 20____.

Notary Public

Certificate of Service

I hereby certify that I have served a copy of this petition upon all other parties or their attorney of record by.

Please check:

_____ Regular First Class Mail
_____ Certified Mail
_____ Other

Name of Petitioner (Print Name)

Signature of Petitioner (Sign Name)

Dated: _____