

IN THE COURT OF COMMON PLEAS OF  
BUCKS COUNTY, PENNSYLVANIA

PLAINTIFF	:	CIVIL ACTION-LAW
	:	
vs.	:	Case No. _____
	:	
DEFENDANT	:	

**ORDER RE: MOTION TO PROCEED IN FORMA PAUPERIS**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Petitioner's Motion to Proceed In Forma Pauperis is granted as to the filing fees and costs.

BY THE COURT,  
  
\_\_\_\_\_  
J.

IN THE COURT OF COMMON PLEAS OF  
BUCKS COUNTY, PENNSYLVANIA

PLAINTIFF	:	CIVIL ACTION-LAW
vs.	:	
DEFENDANT	:	Case No. _____

**PETITION TO PROCEED IN FORMA PAUPERIS & AFFIDAVIT**

1. I am the petitioner in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending this 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.) My Name is: \_\_\_\_\_

My Address is: \_\_\_\_\_

\_\_\_\_\_

b.) Employment:

If you are presently employed, state your:

Employer: \_\_\_\_\_

Employer's 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.) Please list any other income received within the past twelve months:  
**(Write the gross amount (before taxes) per month that you received and the months you received this income.)**

Business or profession: \_\_\_\_\_

Other self-employment: \_\_\_\_\_

Interest: \_\_\_\_\_

Dividends: \_\_\_\_\_

Pension and annuities: \_\_\_\_\_

Social security benefits: \_\_\_\_\_

Support payments: \_\_\_\_\_

Disability payments: \_\_\_\_\_

Unemployment compensation and/or supplemental benefits:

\_\_\_\_\_

Workers' Compensation: \_\_\_\_\_

Public assistance: \_\_\_\_\_

Other: \_\_\_\_\_

d.) Other contributions to household support:

**(Write the gross amount (before taxes) per month that you received and the months you received this income.)**

(Household member) Name: \_\_\_\_\_

If employed, please 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: \_\_\_\_\_

\_\_\_\_\_

**(Write all of your regular monthly bills, phone, utilities, cable, insurance, etc.)**

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