

IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PENNSYLVANIA

\_\_\_\_\_  
Plaintiff,

v.

\_\_\_\_\_  
Defendant,

No.

Pro Se Petition To Proceed In Forma Pauperis

1. I am the plaintiff/defendant (circle one) in the above matter and because of my financial condition am unable to pay the costs of litigation.
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:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ ☐ If unemployed check this box.

Hourly wage: \_\_\_\_\_ Date of Last Employment: \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_

List any money received within the past 12 months which is not included in the above employment information: (This includes, but is not limited to: public assistance, unemployment compensation, support payments, disability payments, social security benefits, and income from any jobs not listed above.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please Fill Out Reverse Side of Form)

Does anyone else in your household receive income? ☐ YES ☐ NO (check one)

If "yes," list the individual's name(s) and monthly amount of income received. (This

includes, but is not limited to: income earned from employment, public assistance, workers' compensation, unemployment compensation, support payments, disability payments, and social security benefits.)

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List any persons dependant on you for support:

Spouse: \_\_\_\_\_ (age) \_\_\_\_\_ (age)  
Children: \_\_\_\_\_ (age) \_\_\_\_\_ (age)  
\_\_\_\_\_ (age) \_\_\_\_\_ (age)  
\_\_\_\_\_ (age) \_\_\_\_\_ (age)

4. I verify that my counsel is working at a rate of \$60 per hour, or less.
5. 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.
6. 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_