

**In the Court of Common Pleas of Butler County, Pennsylvania
ORPHANS' COURT DIVISION**

In re: _____

O.C. No. _____

PRO SE PETITION TO PROCEED IN FORMA PAUPERIS

1. I am the _____ in the above-captioned 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 cost is true and correct.

Name: _____ **Phone:** _____

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 and jobs not listed above.)

Does anyone in your household receive income? Yes No (check one)

If "Yes," list the individuals name(s) and monthly amount of income received. (This includes, but is not limited to: public assistance, unemployment compensation, support payments, disability payments, social security benefits.

List any persons dependant on you for support:

4. I verify that my counsel is working at a rate of \$60.00 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.A. § 4904, relating to unsworn falsification to authorities.

Signature: _____ Date: _____