

**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:

Spouse: _____

Children: _____ (age) _____ (age)
_____ (age) _____ (age)
_____ (age) _____ (age)

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: _____