

Commonwealth of Pennsylvania
Court of Common Pleas
County of: _____
_____ Judicial District



**MOTION TO PROCEED
IN FORMA PAUPERIS**

COMMONWEALTH OF PENNSYLVANIA
v.

I, _____, residing at _____, request that this
(name) (address)

Court permit me to proceed in forma pauperis (without payment of the filing fee). In support of this I state the following:

1. I am the defendant in the above-captioned matter and because of my financial condition am unable to pay the fee for filing this action.
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:

Employment Information

☐ I AM PRESENTLY EMPLOYED.
MY PRESENT EMPLOYER:

Name: _____
Address: _____
Occupation: _____
Salary or Wages per Month: \$ _____

MY SOCIAL SECURITY NUMBER: _____

☐ I AM PRESENTLY UNEMPLOYED.

MY LAST EMPLOYER:

Name: _____
Address: _____
Occupation: _____
Salary or Wages per Month: \$ _____
Dates of My Last Employment: _____

v.

Other Income Received Within The Past Twelve Months

SPOUSE'S NAME: _____

☐

SPOUSE EMPLOYED:

SPOUSE'S EMPLOYER: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

SPOUSE'S OCCUPATION: _____

SALARY OR WAGES PER MONTH: \$ _____

☐

SPOUSE UNEMPLOYED

CONTRIBUTIONS FROM CHILDREN: \$ _____

CONTRIBUTIONS FROM PARENTS: \$ _____

OTHER CONTRIBUTIONS: \$ _____

Assets/Property Owned

CASH: \$ _____

CHECKING ACCOUNT: \$ _____

SAVINGS ACCOUNT: \$ _____

CERTIFICATES OF DEPOSIT: \$ _____

STOCKS AND BONDS: \$ _____

OTHER: \$ _____

Real Estate:

DO YOU OWN A HOME OR OTHER REAL PROPERTY? _____

IF SO, PLEASE PROVIDE FOR EACH:

ADDRESS: _____

ASSESSED VALUE: \$ _____

AMOUNT OWED: \$ _____

Motor Vehicle:

DO YOU OWN AN AUTOMOBILE? _____

IF SO, PLEASE PROVIDE FOR EACH:

MAKE: _____

MODEL: _____

YEAR: _____

COST: \$ _____

AMOUNT OWED: \$ _____

Debts and Obligations

MORTGAGES OTHER THAN THOSE LISTED ABOVE: \$ _____

LOANS: \$ _____

RENT: \$ _____

OTHER: \$ _____

Persons Dependent Upon Me For Support

SPOUSE'S NAME: _____

CHILDREN

INDICATE NUMBER: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

OTHER PERSONS

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

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.

I, _____, verify that the statements made in this petition are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Signature of Petitioner

Date
