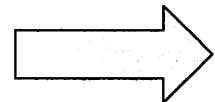


Instructions for:

Form 2

Petition to Proceed In Forma Pauperis



Form 2 - Petition to Proceed In Forma Pauperis

Complete the form by providing the information requested on pages 2 through 5. Remember to answer each question.

5. On page 2, by arrowbox 5 write in the county in which you are filing your divorce. Arrowbox 1 (page 1) and Arrowbox 5 should be the same.
6. On page 2, by arrowbox 6 write your name. Write your name exactly as you wrote it on page 1 of this form.
7. On page 2, by arrowbox 7 write your spouse's name. Write your spouse's name exactly as you wrote it on page 1 of this form.
8. On page 2, by arrowbox 8 do not write anything.

FILL IN ALL PERTINENT INFORMATION ON PAGES 2 THROUGH 5.

9. On page 6, by arrowbox 9 write the date on which you are completing this form.
10. On page 6, by arrowbox 10, after carefully reading the statements, sign your name on the form.

IN THE COURT OF COMMON PLEAS OF
COUNTY, PENNSYLVANIA

PLAINTIFF 	CIVIL ACTION-LAW 
vs. 	Case No. 
DEFENDANT 	

PETITION TO PRESENTED IN FORMA PAUPERIS & AFFIDAVIT

1. I am the petitioner and because of my financial condition am unable to pay the fees and defending this action or proceeding.

2. I am unable to obtain funding my family and associates, to pay the costs of litigation.

3. I represent that the information being filed is true and correct:

**EXAMPLE
PAGE
ONLY**

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 emplo_____

Salary or wag. _____

Type of work: _____

c.) Please list any other inc.

(Write the gross amount (before taxes) _____
received and the months you received this income.)

in the past twelve months:
received and the months you

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.)

(Wife) (Husband) Name: _____

If your (wife) (husband) is 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: _____

EXAMPLE
PAGE
ONLY

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: _____

9

10

PETITIONER

EXAMPLE
PAGE
ONLY

BEGIN
COMPLETING
YOUR
INFORMATION
ON THE
NEXT
PAGE

**IN THE COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA**

PLAINTIFF _____,
vs.
DEFENDANT _____,
CIVIL ACTION-LAW
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.)

(Wife) (Husband) Name: _____

If your (wife) (husband) is 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:

CHILDREN(S) INITIALS ONLY 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