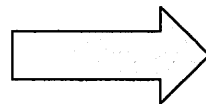


Instructions for:

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.

[illegible]

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

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

3. I represent that the information before me is true and correct: my ability to pay the fees and costs is

My Address is: _____

Employer: _____

Employer's Address: _____

Salary or wages per month: _____

Type of work: _____

If you are presently unemployed, state:

Date of last employer: _____

Salary or wages: _____

Type of work: _____

c.) Please list any other income received this income.)

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: _____

ONLY
PAGE
EXAMPLE

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: _____

ONLY PAGE EXAMPLE

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:

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.

EXAMPLE
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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

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**BEGIN
COMPLETING
YOUR
INFORMATION
ON THE
NEXT
PAGE**

IN THE COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA

_____, PLAINTIFF	:	CIVIL ACTION-LAW
vs.	:	Case No. _____
_____, DEFENDANT	:	

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