

Application for In Forma Pauperis

I. F. P.

This packet contains information, forms and instructions on how to file a petition to ask the Court to waive filing fees.

DISCLAIMER

IT IS **STRONGLY RECOMMENDED** THAT YOU SPEAK WITH
AN ATTORNEY

COURT SELF-HELP CENTER STAFF CAN REVIEW YOUR
FORMS PRIOR TO FILING,
BUT **CANNOT TELL YOU WHAT TO WRITE**

COURT SELF-HELP CENTER STAFF DO NOT GIVE LEGAL ADVICE

THERE IS **NO GUARANTEE** THAT YOU WILL GET YOUR
DESIRED OUTCOME

THERE IS **NO GUARANTEE** THAT THESE FORMS ARE THE
CORRECT OR MOST UP TO DATE FORMS.

**IT IS YOUR RESPONSIBILITY TO FOLLOW ALL STATE
AND LOCAL RULES AND PROPER PROCEDURES.**

What is IFP Status?

In most cases, you have to pay a fee to file papers with the court.

If you qualify, the Court **may** waive the filing fee and other required costs of the action. To request this, you must complete a Financial Affidavit and provide ALL requested documents necessary to prove to the Court that you have financial need and cannot pay fees.

IFP status is generally given to parties who meet state poverty guidelines and cannot pay the necessary filing fees and other required costs.



You are required by law to ask family and friends for financial assistance before filing for IFP status.

What may be covered by IFP status?:

- Filing fees when starting an action
- **Partial** costs for mediation costs in custody actions (parties must pay some)
- **Half** of the cost for some Parenting Classes required in custody actions

What will *not* be covered by IFP status?

- Attorney fees and GAL costs
- Printing/ Copy Fees
- Additional services, such as evaluators or home studies in custody cases
- Transcript Costs
- Advertising/ Publication Fees
- Expenses incurred as a result of bringing claims or actions to court
- Costs to mail documents

Asking for IFP Status

-You are the Petitioner. You must complete and file a Petition For Leave to File In Forma Pauperis (Form 1.1) and a Financial Affidavit (Form 1.2).

-These documents **must** be filed with the Prothonotary's office in a timely fashion. This means that your IFP application must be filed at the same time that you file the first documents in any action.

-Within 2-4 weeks after you file with the Prothonotary, you should receive an answer to your application in the mail which will tell you the next step you must take. This answer will do one of 3 things—1) **Grant I.F.P.**; 2) **Deny I.F.P.**; or 3) **Schedule a hearing.**

1. "Granted."

ORDER GRANTING PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

On the basis of the Petition for IFP and the County's Answer of No Contest, the Petition for Leave to Proceed *In Forma Pauperis* filed by _____ YOUR NAME _____
(Name of Petitioner)

is hereby granted and the case may proceed.

You will receive an Order Granting your I.F.P. request, as well as a document called an "**Answer of No Contest.**" This means your I.F.P. status was granted and you can proceed with the next step in your case. Refer to your packet instructions or return to the Court Self-help Center to figure out your next step(s).

2. "Denied."

ORDER DENYING PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
FOR FAILURE TO COMPLETE APPLICATION

ORDER DENYING PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
FOR FAILURE TO QUALIFY

You will receive an Order Denying your I.F.P. request, as well as an answer explaining why your request was denied. The denial could be because you did not qualify based on the information provided, or it could be because your application was incomplete. If you receive the denial order, you have **ten (10) days** from the date of the filing of the order to pay the outstanding filing fees at the Prothonotary's Office or the matter will be dismissed.

3. “Demand For Hearing.”

**ORDER SCHEDULING HEARING ON PETITION FOR LEAVE TO
PROCEED IN FORMA PAUPERIS**

THE PETITIONER IS DIRECTED TO ATTEND THE HEARING AND BRING ANY AND ALL DOCUMENTS VERIFYING HIS/HER MONTHLY EXPENSES, MONTHLY INCOME AND ALL OTHER HOUSEHOLD INCOME, INCLUDING PROOF OF DISABILITY, IF APPLICABLE. TO DEMONSTRATE ELIGIBILITY.

This means there are questions about your I.F.P. application that must be answered before you can be approved for I.F.P. status. You will receive an Order with the date, time, and place for the hearing, as well as an answer that explains the reasons for the objection or questions. You must come to the hearing to explain your financial situation to the judge. Bring any additional paperwork such as documents related to jurisdictional issues or other relevant documents that can be used to prove your financial status and to address the objections raised by the county. The judge will then decide whether IFP status is Granted or Denied. **If you do not show up for your IFP hearing, your application for IFP will automatically be denied.**



TIP: Read the documents that you received in the mail. The order and the answer will outline the basis for the objections. Use that to figure out what documentation will help you present your financial case to the judge.



NOTE: If IFP status is denied or withdrawn, you will have **10 days** to go to the Prothonotary’s Office to pay any fees. If you fail to pay these fees, your case will be dismissed. If that happens, you must then either pay fees or re-apply if you wish to continue your case.



NOTE: If granted, IFP may only be good for 1 Petition/pleading you file. Any filings after the first may require another IFP application.



CAUTION: IFP status is good for a limited amount of time from the date of approval. Please read your order to find the “expiration date.” If you wait too long to complete any filing requirements, you will have to re-file for IFP status or pay the filing fees associated with that filing.



NOTE: If filing for **custody**, you will not be able to schedule your conciliation conference until you receive the I.F.P. approval. So, your case will be delayed until the final outcome of your IFP status is decided. It can take **several weeks** before a final decision is made and you will be able to proceed with your case. When you move forward with scheduling the Conciliation Conference and serving the other party, be sure to REINSTATE your complaint or petition because you are required to serve the documents within 30 days of filing or of reinstatement.

Supreme Court of Pennsylvania

Civil Procedural Rules Committee

Poverty Income Guidelines

Pennsylvania Rules of Civil Procedure 3302(b) governs the attachment of wages, salary and commissions under Section 8127(a)(3.1) of the Judicial Code. The rule requires the Prothonotary to attach to the Notice of Intent to Attach Wages “the most recent poverty income guidelines issued by the Federal Department of Health and Human Services as they appear on the web site of the Civil Procedural Rules Committee.” The guidelines for 2022 are set forth in the following chart:

2022 HHS Poverty Income Guidelines

SIZE OF FAMILY UNIT	POVERTY GUIDELINE MONTHLY INCOME	POVERTY GUIDELINE YEARLY INCOME	125% POVERTY GUIDELINE MONTHLY INCOME	125% POVERTY GUIDELINE YEARLY INCOME
1	\$1,133	\$13,590	\$1,416	\$16,988
2	\$1,511	\$18,310	\$1,889	\$22,888
3	\$1,919	\$23,030	\$2,399	\$28,787
4	\$2,313	\$27,750	\$2,891	\$34,688
5	\$2,706	\$32,470	\$3,383	\$40,588
6	\$3,099	\$37,190	\$3,874	\$46,488
7	\$3,493	\$41,910	\$4,366	\$52,388
8	\$3,886	\$46,630	\$4,858	\$58,288
For each additional person, add \$393.33 per month or \$4,720.00 per year			For each additional person, add \$491.67 per month or \$5,900	

Income used to compute poverty status includes earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Non cash benefits such as food stamps and housing subsidies do not count.

All income is before taxes.

Totals exclude capital gains or losses.

If a person lives with a family, add up the income of all family members including non-relatives such as housemates.




ATTENTION



YOU CANNOT USE YOUR CHILD'S FULL NAME, DATE OF BIRTH, OR ACCOUNT INFORMATION WITHIN THE PAPERWORK... YOU MUST USE INITIALS & YEAR OF BIRTH ONLY and SEAL ANY FINANCIAL INFO!

The Case Records Public Access Policy of the Unified Judicial System of Pennsylvania (204 Pa. Code §213.81) considers some information confidential and, for your protection, requires that you only use initials and year of birth for any minor child you mention in the paperwork. If you provide financial documents, you must include a Confidential Document form when you file to protect your information.

IN ORDER TO FOLLOW THIS RULE, YOU WILL NEED TO INCLUDE **ONE** OF THE FOLLOWING FORMS WITH **EVERY SINGLE FORM** YOU FILE:

- **CONFIDENTIAL INFORMATION FORM** (CIF)
(used as a reference **KEY** for information considered to be confidential in the packet)
 **NOTE: You may need to use an ABUSE VICTIM ADDENDUM**
(if there is an **ACTIVE** protective Order in place and victim's address is confidential)
- **CONFIDENTIAL DOCUMENT FORM** (CID)
(used to **SEAL INFORMATION** from public access)
- **CERTIFICATE OF COMPLIANCE**
(used to **ACKNOWLEDGE** that you are in compliance with the public access policy because no confidential info was included & no other form applies)

www.paCourts.us/public-records

1. Click on the link above
2. Select the public records forms icon
3. Select the correct form for each pleading (CIF or CID or Certificate of Compliance)

CONFIDENTIAL INFORMATION is defined as:

- **Minor's Name, Date of Birth** (except when charged as defendant in a criminal case)
- IN FAMILY COURT ACTIONS – Abuse victim's contact information, including their employer's name, address and work schedule
- SSN
- **Financial Account Numbers** (You may use the last 4 digits)
- Driver's License Numbers
- State Identification Numbers

CONFIDENTIAL DOCUMENTS are defined as:

- **Financial Source Documents**
- Minor's Educational Record
- Medical/Psychological Record
- CYF or CYS Record
- Marital property inventory and pre-trial statement in Divorce proceedings
- Income & Expense Statements in Support action
- Agreement between parties in Divorce proceedings

JUDGES MAY DENY YOUR PETITION FOR FAILURE TO COMPLY WITH THIS POLICY and/or SANCTIONS MAY BE IMPOSED

IMPORTANT INFORMATION:

- Fill out the Financial Affidavit accurately and completely. **Do not leave any line blank**, if an item does not apply to you, write “N/A”. If a dollar amount is zero, write “0”. Explain any answers that need clarification.



If any part of the form is left blank, or if any required information is not provided, the IFP Petition may be denied.

- If you provide any information that is false or misleading, you may be penalized by the court. Provide all information that is requested and supports your claim for IFP status. The Affidavit and the Petition must be completed and signed by you.
- Remember that the Financial Affidavit is asking for the **monthly** amounts paid/due for each service listed. If an item on the list is not paid monthly, (for example some utilities are paid quarterly), **it is your responsibility to determine the approximate monthly amount paid or owed**. You must explain if you are not paying the owed amount or if you are paying by credit card or borrowing money to pay.
- If you are not paying any bills, you must explain how the bills are being paid and who is paying.
- Submit one Petition and Affidavit for each Petitioner, unless the Petitioners are spouses living in the same household.
- In accordance with Pa.R.C.P. No 240, you are under a continuing obligation to inform the court of any improvement in your financial status.
- If you are currently in prison, list what funds are located in your prison account by providing a print out of the account since incarceration or, at a minimum, the last six months. You must also comply with 42 PA. C.S.A. §6602 if filing an IFP to pursue a prison conditions matter.

INSTRUCTIONS:

Completing the Petition for Leave to Proceed In Forma Pauperis:

Caption:

The Caption

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

: No. -FC- -03

Plaintiff :
 Petitioner Respondent :
: **CIVIL ACTION – LAW**
: :
VS. :
 :
Defendant :
 Petitioner Respondent :

If this is a brand new case, write **Your Name** on the Plaintiff line and check the 'Petitioner' box under your name. Write the Other Party's Name on the Defendant line and check the 'Respondent' box under their name. The docket number should be left blank; this number will be given to you when you file with the Prothonotary.

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

Your Name : No. -FC- -03

Plaintiff :
 Petitioner Respondent :
: **CIVIL ACTION – LAW**
: :
VS. :
Other Party's Name :
Defendant :
 Petitioner Respondent :

If a case in this matter **does** already exist, you must fill in the caption the same way it looks on other forms from this case. The Plaintiff's and Defendant's name must be listed in the same way as the caption on the documents and orders already filed. Check the 'Petitioner' box under your name and check the 'Respondent' box under the other party's name. You should type the docket number for the existing case on the docket number line.

Completing the Petition for Leave to Proceed In Forma Pauperis, continued.

You are the Petitioner; write your name on the first line.

1. Write your full, legal name and your current address, including the name of the city, county, and state. Write the date you moved to this address. If you do not live in York County, please put the last date you lived in York County on the line provided.
2. This is a statement by you that you have a valid claim to IFP status.
3. This is a statement by you that you and your household fall under the PA poverty guidelines outlined on page 3 of these instructions.
4. This is a statement by you that you have asked family and friends for financial assistance before applying for IFP. There is nothing for you to fill in here, but this statement, like all other parts of your application must be true.
5. This is a statement by you that your financial details are attached.

Like everything else in your petition, all of the above statements **must** be true.

Sign the Petition requesting the Court to allow you to proceed. Note that by signing the Petition, you are swearing under oath that the information provided by you in these forms is true and correct. Sign and print your name, address and phone number where you can be reached.

Understand that you are signing under penalty related to unsworn falsifications to authorities, and you may face penalties if you make any false claims on these documents.

Check the appropriate box indicating that you have complied with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania, which can be found at the link below:

<http://www.pacourts.us/assets/opinions/Supreme/out/477jad-attach1.pdf>

Select the box that applies

I hereby certify that I am complying with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania as outlined below:

- CIF/CDF Forms are attached to this filing; OR
- I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

A Confidential Information Form must be filed if you have written information about any child under the age of 18 in any of the documents filed. Please note that per the UJS Public Access Policy, **any minor must be referred to by Initials and Year of Birth ONLY on all forms.** A Confidential Document Form must be filed if you include any financial documents. Info about Confidential Information Forms & Confidential Document Forms can be accessed at the link below:

<http://www.pacourts.us/public-records>

Completing the In Forma Pauperis Financial Affidavit:

Fill out the caption in the same way you filled it out on the Petition, as seen on page 9 of instructions.

1. Check the box to indicate whether you are the Plaintiff or Defendant.
2. This is a statement by you stating that you have tried to get financial help from family and friends before filling out this application. Like all others, this statement must be true.
3. Provide your full legal name and full address.
4. This section is for you to provide information about your sources of income. If something does not apply to you, write 'N/A' on the line provided. If a dollar amount is zero, write 0 on the line. **Do NOT leave any line blank.**
 - (a) Write the name and address of your current employer, the name of your supervisor, position held, and how long you have worked there.
 - (b) Write your monthly income before taxes on the line.
 - **You must attach proof of your earnings and income from your current employer, such as paystubs or bank deposit records.** Check the box to indicate that you have attached these documents to your petition.
 - If you are not working, or are employed part time, provide a brief explanation about your employment status, including why you are not employed full time, how many hours you work on average, and if it is possible for you to increase your hours worked.

(c) If you are not working, explain the reason for your unemployment.

Include:

- The date you last worked
- The name of the employer
- Length of time you worked there
- Earnings
- Position held
- Your reason for leaving that position.

If you say you have never worked, please explain why.

(d) Type any reasons for having not worked in the past 12 months, if it applies.

(e) Type the amount received by you or other members of your household for Social Security benefits.

(f) Type the type of public assistance and the amount received by you or any members of your household for all types of public assistance.

(g) Type the amount you received for any support payments. Indicate any financial support you are getting for any dependents in your care. Additionally, if you have an income or earning capacity from a support order, **you must provide a copy of this order with your application.**

(h) Type amounts received from any disability payments received by you or your dependents.

(i) Type amounts for any unemployment compensation and supplemental benefits you are receiving.

- (j) Type amount for any workers' compensation payments you are receiving.
 - (k) Type the date you applied for SS or other disability income and the outcome of that application.
 - (l) Type medical information or include any official document supporting your inability to work. Contact your local provider for these documents. Check the box to indicate that you have attached these documents to your petition.
 - (m) Enter any additional income information as listed or any other income that you any have received in the last 12 months, such as interest, retirement, rent, etc.
 - (n) Provide the name and relationship of all adults living in your household and any income information relating to them. Include husband or wife, boyfriend or girlfriend, roommate, etc.
5. Property owned and rented
- (a) If you own any real estate, provide the full address of the property. This includes your primary home and any other real estate that you may own, whether you are currently renting it out or not. If you have other real estate that you are not renting out, explain why.
 - (b) Provide information about all vehicles that you own, including year, make/model, how much you paid for the vehicle and how much you still owe.
 - (c) Indicate how much cash you currently have

- (d) If you have a checking account, write the name of your bank and how much is currently in each account. **Do NOT include account or routing numbers.**
 - (e) If you have a savings account, write the name of your bank and how much is currently in each account. **Do NOT include account or routing numbers.**
 - (f) If you have any certificates of deposit (also called CDs), indicate where each account is and how much is currently in each account.
 - (g) If you have a savings or money market account, write the name of the bank or financial institution where the account is and how much is currently in the account.
 - (h) Provide information regarding any other asset or accounts that you may have available to you.
6. Dependent information refers to people you support.
- (a) For individuals over the age of 18, provide their full name(s), their relationship to you, their current employment, and if not employed, provide information regarding their last employment.
 - (b) Minor children who live with you the majority of the time should be listed here by initials and age ONLY. Do NOT provide full names of any child. Also include the name of the other parent and whether or not there is a support order in place. If you are receiving support, be sure to provide that information in number **4(g)** above.

(c) Provide the names of all other people who live with you. You must also include their relationship to you.

7. Give as much information as possible regarding your monthly expenses, and to whom you pay these expenses. Note that these are **monthly** totals, so if a service listed is something that you pay quarterly, you must calculate how much that cost would be per month. If an amount is zero, put "0".

This is an example

If you pay \$90 every quarter for your water bill, then you pay \$360 per year. You would put \$30 in the monthly column for water.

This is an example

If you buy your household supplies from multiple stores. You could write down Target/Wal-Mart/Yorktown Laundromat and then write \$80 in the monthly amount column, showing that you pay \$80 total a month for household supplies/laundry.

This is an example

If you pay real estate, municipal, or school taxes of \$300 per year, then you pay \$25 per month.

Add up the costs for all expenses and place the total on the line. Note that if you are not working, but show expenses, you **MUST** provide information as to how you are paying for these expenses. Your Petition may be denied if you list expenses but do not explain how you are paying for them. Examples include putting expenses on credit cards, borrowing money, etc.

8. **a)** You must write how many times you have filed for IFP in York County and **b)** if you have ever been granted I.F.P. status before.
9. If the Court, such as Divorce Masters or Domestic Relations, have indicated that you have an earning capacity, **you must submit a copy of that order with this IFP application.**

10. This is a statement by you that you shall keep the Court informed of any improvement in your financial situation.

-You must then sign and date the Affidavit. Please note that by signing the Petition, you are indicating that the information provided in these statements is being provided under oath, meaning that it is true and correct.



PLEASE NOTE: You are signing the Affidavit under penalties related to unsworn falsifications to authorities. This means that you certify that you are providing true and accurate information and that you understand that there may be penalties imposed upon you for making false statements.

-You must provide your full name, address, phone number(s) and e-mail address (if you have one) where you can be reached.

-You must check either “**YES**” or “**NO**” to indicate whether or not you will need an interpreter if there is a hearing scheduled on your IFP petition. If you check “**YES**,” and you do need an interpreter, please type which language in the next blank.

-Check the appropriate box indicating that you have complied with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania, which requires the filing of confidential information and documents differently than non-confidential information and documents.

-A **Confidential Information Form** (CIF) must be filed if you have written the information of any minor in any of the documents filed. Please note that per the UJS Public Access Policy, **anyone under the age of 18 must be referred to by Initials and Year of Birth ONLY on all forms viewable by the public.**

-A **Confidential Document Form** (CDF) must be filed if you attach any proof of income such as Tax Returns, Pay Stubs, Social Security documentation, or other financial documents.

Attachments to IFP Financial Affidavit:

-Along with the Petition and Financial Affidavit, you must include proof of your financial status with your IFP Application.

-Proof includes documents like paystubs from a current employer, bank statements, tax returns, disability paperwork showing your inability to work, etc.



CAUTION: Incomplete documents or documents filed without proof of income may result in denial of your I.F.P. request.

Filing the In Forma Pauperis Petition and Financial Affidavit

1. Make two (2) copies of the completed forms and take the original + the 2 copies to the York County Prothonotary's Office. You will keep one stamped set of documents for your records.
2. The IFP Petition and IFP Financial Affidavit must be filed at the same time as the documents that initiate/start your action. The Prothonotary's office will not accept a filing without the filing fee or your completed IFP Petition and Financial Affidavit attached.
3. If IFP status is denied, or your application for IFP is withdrawn at any point, you will have 10 days to pay any fees delayed by the application process. **Failure to pay these fees within 10 days will lead to the automatic dismissal of your pending action. Then you will have to pay fees or re-file to start over.**

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

_____ Docket No. _____
Plaintiff

Petitioner

VS.

_____ Defendant

Petitioner

PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

AND NOW, comes the Petitioner, _____,

who alleges as follows:

1. Petitioner, _____, is an adult individual residing at _____
(Street Address)

_____, _____ County, _____,
(City) (Name of County) (State Abbreviation)

since _____. (If you do not currently reside in York County, provide the
(Date you moved here)

date you last resided in York County: _____.)

2. Petitioner has a meritorious cause of action and will be denied access to the Court and due process of law if not allowed to proceed In Forma Pauperis.

3. Petitioner is indigent and financially unable to pay the costs and fees necessary for filing and serving this action.
4. Petitioner is unable to obtain funds from anyone, including Petitioner's family and associates, to pay the costs of litigation
5. Petitioner's financial circumstances are more fully set forth in the attached *In Forma Pauperis* Financial Affidavit.

WHEREFORE, Petitioner prays that the Honorable Court enter an Order allowing this action to proceed *In Forma Pauperis*, without prepayment of costs or fees.

I understand that the statements in the foregoing Petition for Leave to Proceed *In Forma Pauperis* are made under the penalties provided by 18 Pa.C.S.A. §4094 (relating to unsworn falsification to authorities).

DATE	PETITIONER
Address:	
Email:	
Telephone #:	

I hereby certify that I am complying with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania as outlined below:

CIF/CDF Forms are attached to this filing; OR

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

_____ Docket No. _____
Plaintiff
Petitioner
VS. Civil Action – Law
_____ Defendant
Petitioner

IN FORMA PAUPERIS FINANCIAL AFFIDAVIT

1. I am the Plaintiff Defendant in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending the 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:

Name: _____

Full Address: _____

_____ (City) (State) (Zip Code)

4. INCOME INFORMATION

(a) Employment (List all employment/self-employment positions)

NOTE: If you are incarcerated, provide copies of your inmate account and balance sheet along with any income being collected on your behalf from any real estate, business or other investments.

Are you currently employed? If yes please provide:

Employer: _____

Address: _____

Type of work (position): _____

How long employed: _____

(b) Salary or wages, include hourly rate or salaried amount and indicate your gross income per month: _____

If you are not working a full time work schedule (40 hours per week) or are not paid a full time salary, please indicate

- how many hours you work _____
- why you are not working a full time position _____

- whether you have the opportunity to increase your hours: _____

I have attached a copy of a recent paystub which shows all of my year to date income, or I have attached documents from my employer that provides the information.

I have attached another proof of financial status, such as a court order or S.S. Earning statement.

(c) If you are presently unemployed, state:

Date of last employment: _____

Where employed: _____

How long did you work here: _____

Gross salary or hourly wages per month: _____

Type of work: _____

Reason for leaving prior employment: _____

(d) History: If you have not worked in the recent past (last 12 months) indicate why?

(e) Social security benefits received by you or anyone in the household, include monthly amount for each person: _____

(f) Public assistance, include type and amount of benefits received by you or anyone in the household: _____

(g) Support payments, monthly amount received by you (this includes child support, spousal support or alimony): _____

(h) Disability payments—monthly amount—for you and/or any dependent of yours:

(i) Unemployment compensation and supplemental benefits: _____

(j) Workers' compensation: _____

(k) If you are unemployed due to a medical issue, indicate when you applied for SS or other disability income and the outcome of such filing: _____

(l) Provide medical information to support any disability including a fully executed physician's disability form where applicable: _____

 I have attached a copy of any current benefit statements, letters or other approvals regarding any of the above stated benefits. If I have been denied benefits, I have attached a copy of that documentation.

(m) Other income within the past twelve months:

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and annuities: _____

Retirement Benefits: _____

Rents: _____

Other (include type and monthly amount): _____

(n) Other contributions to household support (Spouse, Significant Other, Adult Child, Parent, Roommate or any other adult in your household). You must provide income information for all adults in the household.

Name: _____

Relationship: _____

If any of these individuals are employed, state the following for each:

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions (this includes all other adults in your household): _____

5. PROPERTY OWNED

(a) Real estate (including home): _____

(b) Vehicle(s):

(i) Make/Model: _____

(ii) Year: _____

(iii) Cost: \$ _____ (iv) Amount Owed \$ _____

(c) Cash: _____

(d) Checking account: _____

(e) Savings/Money Market account: _____

(f) Certificates of deposit: _____

(g) Stocks, Bonds or Annuities _____

(h) Other: _____

6. DEPENDENTS

a. Persons financially dependent upon you for support, this includes only those people you are legally obligated to support, such as your children under the age

of 18 that reside in your household. Indicate why they are dependent upon you for financial support.

b. Minor Child(ren), if any, that reside with you the majority of the time:

Initials: _____ Age: _____ Initials: _____ Age: _____

Initials: _____ Age: _____ Initials: _____ Age: _____

Initials: _____ Age: _____ Initials: _____ Age: _____

Name of other parent(s): _____

Are they paying support? _____. If yes, provide the monthly amount received under 4(g) above.

c. Other persons in your household not already listed, include age and relationship to you:

Name(s) Age(s) and Relationship(s): _____

7. EXPENSES

<u>ITEM</u>	<u>TO WHOM PAID</u>	<u>MONTHLY AMOUNT</u>
Rent/Mortgage:	_____	\$ _____
Taxes:	_____	\$ _____
Electric:	_____	\$ _____
Gas:	_____	\$ _____
Heating Oil:	_____	\$ _____
Water:	_____	\$ _____
Sewer:	_____	\$ _____
Trash:	_____	\$ _____
Property Insurance:	_____	\$ _____
Telephone:	_____	\$ _____
Car Loan:	_____	\$ _____
Gasoline/Oil/Repairs:	_____	\$ _____
Car Insurance:	_____	\$ _____
Health Insurance:	_____	\$ _____
Dental/Vision Insurance:	_____	\$ _____
Life Insurance:	_____	\$ _____
Food/Groceries:	_____	\$ _____
SNAP Amount Received \$		_____

Household Supplies/Laundry:_____	\$ _____
Child Care:_____	\$ _____
Child Support Paid by You:_____	\$ _____
Spousal Support Paid by You:_____	\$ _____
Clothing:_____	\$ _____
Charge Accounts:_____	\$ _____
Other Loans:_____	\$ _____
Miscellaneous:_____	\$ _____
Other:_____	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____

8. a) How many times have you filed for IFP status in York County in the past? _____

b) Have you ever been approved for I.F.P. before? _____

9. If you have been held to an earning capacity in any child or spousal support or other matter, you must provide a copy of that Court Order.

10. 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 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: _____

Signature of Petitioner

Contact / Required Information for Petitioner	
Name:	_____
Cell Phone Number:	_____ Work Phone Number: _____
Home Phone Number:	_____ E-mail: _____
Any Other Phone #:	_____
Interpreter Needed?	Yes No Language: _____
Mailing Address:	_____ _____

<p>I hereby certify that I am complying with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania as outlined below:</p> <p><input type="checkbox"/> CIF/CDF Forms are attached to this filing; OR</p> <p><input type="checkbox"/> I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.</p> <p style="text-align: right;">_____ Signature</p>
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