

**IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

In Re: _____ : File No.
: _____
: _____
: _____

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 provide by 18 Pa.C.S.A. §4094 (relating to unsworn falsification to authorities).

DATE

PETITIONER

Address: _____

Telephone #: _____

E-Mail: _____

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.

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 n.

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 Information for Petitioner

Name: _____

Cell Phone Number: _____ Work Phone Number: _____

Home Phone Number: _____ Email: _____

Any Other Phone #: _____

Interpreter Needed? Yes No Language: _____

Mailing Address: _____

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Signature