

How to fill out the “Petition to Proceed In Forma Pauperis” form

This form is used to ask the Court to waive your filing fee when you begin a custody action.

To fill in the caption on the first page:

- If you are filing this form with a custody complaint or a stipulation to get your first court order, write your name on the Plaintiff line and the other parent’s name on the Defendant line. You should leave the docket number line blank.
- If you are filing this form with a Petition to Modify or a stipulation to modify a court order, you should write the name of the Plaintiff on your current court order on the Plaintiff line and the name of the Defendant on your current court order on the Defendant line. Then check the Petitioner box under your name and check the Respondent box under the other parent’s name. You should write the docket number which appears on your current court order on the docket number line.

Complete the remainder of the form. Be as specific as possible.

BEGINNING WITH THE FIRST PAGE, YOU SHOULD NOT LEAVE ANY LINE BLANK. IF AN ITEM IS NON-APPLICABLE, WRITE “N/A”. IF AN AMOUNT IS ZERO, WRITE “0”.

You should sign and date as “Petitioner” on the last page. Be sure to read over what you wrote on the form before signing it and be sure that you understand what you are signing before you sign it.

You must fill out the “Contact Information of Petitioner” box with your personal contact information. This information is used by the Prothonotary’s office to contact you to inform you if your Petition was granted or denied.

On the next form, **“PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS,”** fill in the caption exactly the same as you did on the first two pages. You are the Petitioner, so in the blank after the word “Petitioner,” put your name. In Paragraph #1, in the blank after the word “Petitioner,” put your name again. Then fill in your address on the next blank line, after “residing at...”

You should sign and date as “Petitioner” on the last page. Be sure to read over what you wrote on the form before signing it and be sure that you understand what you are signing before you sign it. Include your address and phone number again.

The following chart will be used by the court to determine eligibility for In Forma Pauperis filing status.

2015 HHS Poverty Guidelines

PERSONS IN FAMILY	POVERTY GUIDELINE MONTHLY INCOME	POVERTY GUIDELINE YEARLY INCOME
1	\$980.83	\$11,770
2	\$1,327.50	\$15,930
3	\$1,674.17	\$20,090
4	\$2,020.83	\$24,250
5	\$2,367.50	\$28,410
6	\$2,714.17	\$32,570
7	\$3,060.83	\$36,730
8	\$3,407.50	\$40,890
For each additional person, add \$346.67 per month or \$4,160.04 per year		

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.

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

_____	:	No. _____ -FC- _____ -03
Plaintiff	:	
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	:	CIVIL ACTION – LAW
	:	
VS.	:	
	:	
_____	:	CUSTODY
Defendant	:	
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	:	

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 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) Name: _____

Address: _____

b) Employment

If you are presently employed, state

Employer: _____

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) Other income within the past twelve months

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and Annuities: _____

Social Security Benefits: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and supplemental benefits: _____

Worker's compensation: _____

Public assistance: _____

Other: _____

d) Other contributions to household support

(Wife / Husband) Name: _____

If your (wife / husband) is employed, 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: _____

Certificate 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: _____

g) Persons dependent upon you for support

(Wife / Husband) Name: _____

Children, if any:

Name: _____ Age: _____

_____ Age: _____

_____ Age: _____

Other persons:

Name: _____

Relationship: _____

h) 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 _____	_____	_____
Car Insurance _____	_____	_____
Gasoline/Oil/Repairs _____	_____	_____
Medical/Dental _____	_____	_____
Life/Health Insurance _____	_____	_____
Food (Food Stamps of \$ _____) Plus additional	_____	_____
Household Supplies/Laundry _____	_____	_____
Child Care _____	_____	_____

Clothing _____
Loans _____
Charge Accounts _____
Miscellaneous _____
Other _____

TOTAL MONTHLY EXPENSES _____

4. I understand that I have a continuous 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: _____

Signature of Petitioner

Contact Information of Petitioner

Name: _____

Cell Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Any Other Phone #: _____

E-mail Address: _____

Fax Number: _____

Mailing Address: _____

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

_____	:	No. _____ -FC- _____ -03
Plaintiff	:	
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	:	CIVIL ACTION – LAW
	:	
VS.	:	
	:	
_____	:	CUSTODY
Defendant	:	
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent	:	

PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

AND NOW, comes the Petitioner, _____ and alleges as follows:

1. Petitioner, _____, is an adult individual residing at _____, York County, Pennsylvania.
2. Petitioner is indigent and financially unable to pay the costs and fees necessary for filing and serving this action.
3. Petitioner’s financial circumstances are more fully set forth in the attached In Forma Pauperis Questionnaire.
4. 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.

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

ATTORNEY OR PETITIONER

I understand that the statements in the foregoing Petition for Leave to Proceed In Forma Pauperis are made under the penalties provided by 18Pa.C.S.A.4904 (relating to unsworn falsification to authorities).

DATE

PETITIONER

ADDRESS

TELEPHONE #
