

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

**CIVIL ACTION**

Plaintiff/Petitioner \_\_\_\_\_,  
vs. \_\_\_\_\_ NO.  
Defendant/Respondent \_\_\_\_\_,

**ORDER OF COURT**

AND NOW this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, it is hereby  
ORDERED and DECREED that the  
(Plaintiff/Petitioner)/(Defendant/Respondent), be GRANTED leave to proceed in forma  
pauperis in the above action. At this time, (Plaintiff/Petitioner)/(Defendant/Respondent) is  
relieved from paying the initial filing fees and sheriff's costs only.  
(Plaintiff/Petitioner)/(Defendant/Respondent) shall promptly notify the Court of any  
material change in his/her income during the pendency of this action.

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF WAYNE COUNTY, PENNSYLVANIA

CIVIL ACTION

Plaintiff/Petitioner	:	
	:	
	:	
vs.	:	NO.
	:	
	:	
Defendant/Respondent	:	

**PETITION FOR WAIVER OF COSTS**

1. I am the (Plaintiff/Petitioner) (Defendant/Respondent) 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:

(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 LAST TWELVE MONTHS:**

BUSINESS OR PROFESSIONAL:\_\_\_\_\_

OTHER SELF-EMPLOYMENT:\_\_\_\_\_

INTEREST:\_\_\_\_\_

DIVIDENDS:\_\_\_\_\_

PENSION OR ANNUITIES:\_\_\_\_\_

SOCIAL SECURITY BENEFITS:\_\_\_\_\_

SUPPORT PAYMENTS:\_\_\_\_\_

DISABILITY PAYMENTS:\_\_\_\_\_

UNEMPLOYMENT COMPENSATION/SUPPLEMENTAL BENEFITS:\_\_\_\_\_

WORKERS COMPENSATION:\_\_\_\_\_

PUBLIC ASSISTANCE:\_\_\_\_\_

OTHER:\_\_\_\_\_

**(D) OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:**

HUSBAND/WIFE - NAME:\_\_\_\_\_

If your (husband/wife) 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:\_\_\_\_\_

CERTIFICATES OF DEPOSIT:\_\_\_\_\_

REAL ESTATE (INCLUDING HOME):\_\_\_\_\_

MOTOR VEHICLE: MAKE:\_\_\_\_\_ YEAR:\_\_\_\_\_

COSTS:\_\_\_\_\_ AMOUNT OWED:\_\_\_\_\_

STOCKS, BONDS:\_\_\_\_\_

OTHER:\_\_\_\_\_

(F) DEBTS AND OBLIGATIONS PER MONTH:

MORTGAGE/RENT:\_\_\_\_\_

UTILITIES: ELECTRIC:\_\_\_\_\_ WATER/SEWER:\_\_\_\_\_

OIL/GAS/COAL:\_\_\_\_\_ PHONE:\_\_\_\_\_

CABLE:\_\_\_\_\_

LOANS:\_\_\_\_\_

CREDIT CARDS:\_\_\_\_\_

FOOD:\_\_\_\_\_ NON FOOD:\_\_\_\_\_

CHILD SUPPORT:\_\_\_\_\_

CHILD CARE:\_\_\_\_\_

TRANSPORTATION COSTS:\_\_\_\_\_

MEDICAL BILLS:\_\_\_\_\_

BACK TAXES:\_\_\_\_\_

MISCELLANEOUS HOUSEHOLD EXPENSES: \_\_\_\_\_

(G) PERSONS DEPENDENT UPON YOU FOR SUPPORT:

(WIFE) (HUSBAND) NAME: \_\_\_\_\_

CHILDREN, IF ANY:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

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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 penalties of 18 Pa. C.S. Sect 4904, relating to unsworn falsification to authorities.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_