

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: _____

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: _____