

IN FORMA PAUPERIS PETITION & ORDER

MUST BE ACCOMPANIED BY VERIFICATION OF INCOME OR PUBLIC ASSISTANCE.

- 1.) A Petition for In Forma Pauperis status must be accompanied by either:
 - a.) Certification from Neighborhood Legal Services (as per local rule), or
 - b.) Verification of the income/financial status of the parties (i.e. W-2, pay stub, proof of public assistance, food stamps card, etc.)
- 2.) The Petition will be reviewed by the Law Clerk who will determine if the appropriate information has been supplied.
- 3.) The judge will review the Petition and either:
 - a.) Make a determination, or
 - b.) Require more documentation, or
 - c.) Conduct an on the record interview of the party prior to making a decision.

The 2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family	Poverty guideline
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010

For families with more than 8 persons, add \$3,740 for each additional person.

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
P E N N S Y L V A N I A

CIVIL DIVISION

_____	:	No. _____ of 200__
Plaintiff,	:	Civil Action – Law
	:	
vs.	:	Type of Pleading:
	:	Petition to Proceed in Forma
	:	Pauperis
	:	
_____	:	Filed on behalf of:
Defendant.	:	
	:	_____
	:	(Your Name):
	:	
	:	Filing Party's Information:
	:	Name: _____
	:	Address: _____
	:	_____
	:	_____
	:	Telephone #: _____

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
P E N N S Y L V A N I A

Plaintiff,	:	
	:	
vs.	:	No. _____
	:	
	:	
Defendant.	:	

**PETITION TO PROCEED IN FORMA PAUPERIS
TO THE HONORABLE, THE JUDGES OF THE SAID COURT:**

Petitioner respectfully represents that:

1. Petitioner _____ is the Plaintiff in the above captioned action.

2. Petitioner's Social Security number is _____

3. Petitioner's address is _____
(give full address)

4. Petitioner's income and expense information is fully and accurately set forth in the attached affidavit.

5. Petitioner's Date of Birth: _____ (month, day, year)

WHEREFORE, Petitioner respectfully requests Your Honorable Court to enter an Order, granting leave to proceed in forma pauperis in the above captioned action.

Respectfully submitted,

Petitioner

**AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED
IN FORMA PAUPERIS**

1. I am the petitioner in the above matter and because of my financial condition am unable to pay the fees and costs.

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 _____

Address _____

(give full address)

Social Security Number _____

A. Employment

If you are presently employed, state

Employer: _____

Address: _____

Salary or wages per month _____

If you are presently unemployed, state

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

B. 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: _____

Workmen's compensation: _____

Public assistance: _____

C. Other contributions to household support

Contributions from children: _____

Contribution from parents: _____

Other contributions _____

D. Property owned

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor vehicle: Make _____ Year _____ Cost _____

Amount owed \$ _____

Stocks; bonds: _____

Other _____

E. Debts and obligations

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

F. Persons dependent upon you for Support:

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 which provides that if I knowingly make false averments, I may be subject to criminal penalties.

Petitioner's Signature

Date: _____

**IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
PENNSYLVANIA**

Plaintiff,	:	
	:	
vs.	:	No. _____
	:	
	:	
	:	
	:	
Defendant.	:	

ORDER TO WAIVE FILING COSTS

AND NOW, this _____ day of _____, 200____, upon consideration of the attached Petition to Proceed in Forma Pauperis, it is hereby ordered that the filing costs be waived.

BY THE COURT

JUDGE