



IN FORMA PAUPERIS AFFIDAVIT PETITION

Mag. Dist. No:
MDJ Name:
Address:
Telephone:

VS.

Docket No:
Case Filed:

STATEMENT OF THE PETITIONER

I hereby request that this Court permit me to proceed in forma pauperis (without payment of the filing fee). In support of this I state the following:

1. I am the plaintiff in the above matter and because of my financial condition am unable to pay the fee for filing this action.
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 AND ADDRESS

NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____

STATE _____

ZIP _____

If you are presently employed, state employer:

NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____

STATE _____ ZIP _____

SALARY OR WAGES PER MONTH \$ _____

TYPE OF WORK

If you are presently unemployed, state:

THE DATE OF MY LAST EMPLOYMENT WAS _____

SALARY OR WAGES PER MONTH \$ _____

TYPE OF WORK _____

OTHER INCOME RECEIVED WITHIN THE PAST TWELVE MONTHS

BUSINESS OR PROFESSION \$ _____	INTEREST \$ _____
OTHER SELF-EMPLOYMENT \$ _____	DIVIDENDS \$ _____
PENSION AND ANNUITIES \$ _____	SUPPORT PAYMENTS \$ _____
SOCIAL SECURITY BENEFITS \$ _____	DISABILITY PAYMENTS \$ _____
WORKERS' COMPENSATION \$ _____	PUBLIC ASSISTANCE \$ _____
UNEMPLOYMENT COMPENSATION AND SUPPLEMENTAL BENEFITS \$ _____	
OTHER \$ _____	



OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT

SPOUSE'S NAME		MY SPOUSE IS EMPLOYED	
SPOUSE'S EMPLOYER		SALARY OR WAGES PER MONTH \$	
TYPE OF WORK			
CONTRIBUTIONS FROM CHILDREN \$		CONTRIBUTIONS FROM PARENTS \$	
OTHER CONTRIBUTIONS \$			

PROPERTY OWNED

CASH	\$	CHECKING ACCOUNT	\$
SAVINGS ACCOUNT	\$	CERTIFICATES OF DEPOSIT	\$
REAL ESTATE (INCLUDING HOME) \$			
MOTOR VEHICLE MAKE		YEAR	
COST	\$	AMOUNT OWED	\$
STOCKS; BONDS	\$	OTHER	\$

DEBTS AND OBLIGATIONS

MORTGAGE	\$	RENT	\$
LOANS	\$	OTHER	\$

PERSONS DEPENDENT UPON ME FOR SUPPORT

SPOUSE NAME _____

AGES OF MINOR CHILDREN, IF ANY _____

OTHER PERSONS (NON-MINOR)

NAME	RELATIONSHIP
NAME	RELATIONSHIP
NAME	RELATIONSHIP

- 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 petition are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.
- I certify that this filing complies with the provisions of the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania that require filing confidential information and documents differently than non-confidential information and documents.

Date: _____ Signature of Petitioner _____

Action by the Magisterial District Judge: _____

SEAL

_____ Date _____ Magisterial District Judge _____