



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

If you are presently employed, state employer:

Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

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	

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OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT

SPOUSE'S NAME	<input type="checkbox"/> 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 DEPENDANT UPON ME FOR SUPPORT

<input type="checkbox"/> SPOUSE NAME	
<input type="checkbox"/> AGES OF MINOR CHILDREN IF ANY	
<input type="checkbox"/> OTHER PERSONS - NAME (NON-MINOR)	RELATIONSHIP
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 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.

Date: _____ Signature of Petitioner _____

Action by the Magisterial District Judge: _____

Date Magisterial District Judge