

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

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v.	:	Docket No. _____
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APPLICATION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

[This application is appropriate when a party lacks sufficient funds to pay costs associated with an action in a court. The application seeks permission to be excused from the obligation to pay certain fees and costs.]

Now, _____,
(Date)

I, _____,
(Name of Applicant)

request that I be permitted to proceed in forma pauperis (IFP) based on facts submitted in my attached IFP Verified Statement. I will suffer grave injustice if not permitted to proceed with this matter in forma pauperis in that I have a valid basis to proceed but would not be able to without this assistance.

Wherefore, I request that I be granted permission to proceed without payment of fees and costs, to include but not limited to, filing fees, costs of reproducing the original record and copies thereof, and any and all other costs necessary to proceed with this matter.

IFP VERIFIED STATEMENT

_____, states under the penalties provided by 18 Pa. C.S. § 4904

(Name of Applicant)

relating to unsworn falsification to authorities that:

1. I am the _____ in the above action and because of
(Petitioner or Appellant/Respondent or Appellee)
my financial condition am unable to pay the following fees and costs:

- _____ a. Filing fees.
- _____ b. Any and all costs of reproducing the record.
- _____ c. Any and all costs of proceeding with this matter.

2. My responses to the questions below relating to my ability to pay the fees and costs of prosecuting this matter are true and correct.

a. Are you presently employed? *If the answer is yes*, state the name and address of your employer(s), the type of work you do, and the amount of your salary or wages per month. *If the answer is no*, state the date of your last employment, the type of work you did, and the amount of the salary or wages per month that you received.

b. Have you received within the past twelve months any income from a business or profession, self-employment, rent payments, interest, dividends, pensions, annuities, social security benefits, support payments, disability payments, unemployment compensation, workers' compensation, or any other source? *If the answer is yes*, describe each source of income, and state the amount received from each during the past twelve months.

c. Do you own any cash, checking or savings accounts, or certificates of deposit?
If the answer is yes, describe and state the total amount of the items owned.

d. Do you own any real estate, automobiles, stocks, bonds, notes, or other valuable property (excluding ordinary household furnishings and clothing)? *If the answer is yes, describe the property and state its approximate value and the amount of any encumbrances (loans or liens on the property).*

e. List the persons (with age), if any, who are dependent upon you for support, and state your relationship to those persons.

f. List all your debts and obligations (including but not limited to monthly mortgage or rent payments, loans, extraordinary medical expenses, and court ordered support obligations), the total amount owed, and the amount of each monthly payment.

g. *If you are incarcerated*, state the balance of your bank and/or prison accounts and **attach a statement showing the balance of your inmate account**.

3. I understand that I have a continuing obligation to inform the court of any improvement in my financial circumstances that would permit me to pay the costs incurred herein.

4. I understand that a false statement or answer to any question in this verified statement will subject me to the penalties provided by law (misdemeanor of the second degree).

Signature of Applicant

Date

CERTIFICATE OF COMPLIANCE

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.

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____

[*Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* – Any time you file papers with the Court, the papers must be accompanied by a certification of compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* (Public Access Policy). Pa.R.A.P. 127. The Public Access Policy and related forms and information are available online at <http://www.pacourts.us/public-records/public-records-policies>. It is very important that you review and follow the Public Access Policy because it requires you to protect sensitive personal information in Court filings.]

PROOF OF SERVICE

I hereby certify that I have caused to be served a true and correct copy of the Application for Leave to Proceed in Forma Pauperis and IFP Verified Statement in the above-captioned case on the date set forth below by mailing, postage prepaid in the manner indicated below, to the parties listed below, which satisfies the requirements of Pa.R.A.P. 121(b) and 1514(c):

Manner of Service: _____

(Agency name and address (if appropriate))

(Opposing Attorney or Party name and address)

(Other Attorney or Party name and address (if any))

(Other Attorney or Party name and address (if any))

Signature

Date