COMMONWEALTH OF PENNSYLVANIA
COUNTY OF

APPLICATION TO WAIVE FEES AND COSTS

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

v.

Docket No:
Case Filed:

Party Name: _____
First *Middle* *Last*

Residence: _____

City, State, Zip: _____

☐ Check the box if you are currently without a house or apartment.

Do you currently receive one or more of the following public benefits?

- Supplemental Nutrition Assistance Program (SNAP) (food stamps)
- Medicaid
- Supplemental Security Income (SSI) (Not Social Security Disability Insurance (SSDI))
- Temporary Assistance to Needy Families (TANF)
- Public Housing or Section 8 Housing
- Needs-based VA Pension
- Low-Income Energy Assistance
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Other need-based federal, state, or local program:

☐ Yes ☐ No (name of program)

If you answered "Yes," skip the remainder of the form and sign/date the VERIFICATION

I am providing the following information about people who live with me:

I support __ adult children, who are incapable of self-support due to a physical or mental disability.

I support __ children under 18.

GROSS MONTHLY INCOME (income before paying taxes and other deductions)

$ _____ monthly gross wages. I work as a _____ (job title/description) for _____ (name of employer).

$ _____ unemployment compensation. I have been unemployed since _____ (date)
My last employer was _____ (name of employer)

$ _____ money received from other people.

$ _____
☐ Retirement/Pension ☐ Disability
☐ Workers Comp ☐ Social Security
☐ Child/Spousal Support ☐ Other Sources: _____ (describe sources)

$ 0.00 Total monthly gross income

FREE INTERPRETER
www.pacourts.us/language-rights

ASSETS (Current Value):

$	Cash
$	Bank accounts or other financial assets
$	Primary vehicle
$	Other vehicles
$	House
$	Other real estate
$	Other property:

0.00 Total value of property (describe)

MONTHLY EXPENSES YOU PAY:

$	Rent/mortgage payment
$	Food and household supplies
$	Utilities, including cell phone
$	Clothing and other personal expenses
$	Medical and dental expenses/insurance
$	Child care
$	Transportation, including car payments and repairs
$	Child and spousal support or alimony
$	Other expenses:

0.00 Total monthly expenses (describe)

Are there other facts that you would like the court to know about your circumstances that may help the court decide whether to grant your application, such as you are experiencing homelessness or you have health issues?

VERIFICATION

I understand that I have a continuing obligation to inform the court of an improvement in my financial circumstances that would permit me to pay the fees and costs in this case. If I fail to inform the court of any changes in my circumstances, I understand that the court may rescind the waiver of fees and costs and order me to pay those fees and costs.

I verify that the statements made in this application 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.

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 _____ Party Signature _____

