

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 20____
Plaintiff,	:	Civil Action – Law
	:	
vs.	:	Type of Pleading:
	:	<b>Petition to Proceed in Forma</b>
	:	<b>Pauperis</b>
	:	
_____	:	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 XXX-XX- \_\_\_\_\_ (*only provide last 4 digits*)
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. I am over 18 years of age. Yes / No (*circle one*)

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)*

Petitioner's Social Security number is XXX-XX- \_\_\_\_\_ *(only provide last 4 digits)*

**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 \_\_\_\_\_, 20\_\_\_\_, 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