

## **IN FORMA PAUPERIS**

### **How to ask to be excused from paying court costs**

Normally, when you start a case in court, you have to pay various costs and fees, such as (a) a fee for starting the case, called a "filing fee," and (b) a fee for having the Sheriff serve the necessary court papers on the other party in the case.

However, under Pennsylvania law, a person can be excused from paying those fees if the person is "without financial resources to pay the costs of litigation .... " The technical name for this status is "in forma pauperis" or IFP.

In order to ask for IFP status, you must file a "VERIFICATION / IN FORMA PAUPERIS" in which you give the judge detailed information about your financial situation. A Verification and Order are attached to these instructions.

Please fill out the attached form completely:

1. Complete the caption exactly as it appears on all the pleadings in your case.
2. Make sure the financial information is complete and that you have included copies of financial documents as required. There must be an answer on every line. Even if a line does not apply to you or the answer is "nothing", then you must write a zero on the line. **If any line is left blank, the petition will be denied.**
3. Sign and date the Petition. Take the Petition to the Judge assigned to your case and he/she will approve or deny.
4. File the petition together with your Act 53 Petition with the Prothonotary (office on the 5<sup>th</sup> floor of the Courthouse Annex).

After the judge reviews the papers, she or he will enter an order, either granting or denying you permission to proceed IFP. If your petition is granted, you will not have to pay the filing fee, services fee, or other "costs of litigation." If the judge denies your petition, you will be responsible to pay such costs or your case will not proceed.

**Court personnel and county employees are not permitted to help you fill out these papers or give you legal advice.**



**IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY, PENNSYLVANIA  
CIVIL DIVISION – ACT 53**

**IN RE:**

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**PETITION AND VERIFICATION FOR IN FORMA PAUPERIS**

TO THE HONORABLE COURT:

I hereby certify that I am without financial resources to pay the fees and costs associated with my case and therefore request to proceed in forma pauperis. In support of my Petition, I attach a verification which fully and truthfully describes my current income and financial condition. I attach the required documents and have removed all but the last four digits of all social security numbers on the following documents: (Check all boxes that apply)

- My most recent year to date pay stub and the pay stub of any adults who reside with me.
- If pay stubs are not available, a notarized statement from my employer and a notarized statement from the employer of any adults or reside with me, indicating my and their monthly wages.
- If not employed, a copy of the most recent spousal support, retirement, disability, social security, workers' compensation or unemployment compensation or other income or benefits.
- I am unemployed and receive no other income or benefits.
- I applied for pro bono representation.

WHEREFORE, I request to proceed In Forma Pauperis, without the need to pay fees and costs in the above-captioned case. I verify that the statements made in this Petition are true and correct. I understand that false statements made are subject to the criminal penalties under 18 Pa. C.S. §4904 (crime of unsworn falsification to authorities).

Respectfully submitted,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of In Forma Pauperis Petitioner

**IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY, PENNSYLVANIA  
CIVIL DIVISION – ACT 53**

**IN RE:**

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**VERIFICATION FOR IN FORMA PAUPERIS**

1. I am the Petitioner in the above matter and because of my financial condition; I am unable to pay the fees and costs of prosecuting or defending the action or proceeding.
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:

(a) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

(b) Employment:

If you are presently employed, state

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

If you are presently unemployed, state

Date of last employment: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

- I ATTACH TO THIS PETITION AND VERIFICATION A COPY OF MY MOST RECENT PAY STUB(S) SHOWING MY EARNINGS YEAR TO DATE OR A NOTARIZED STATEMENT FROM MY EMPLOYER SHOWING MY WAGES.

(c) Other income within the past twelve months: \_\_\_\_\_

Business or profession: \_\_\_\_\_

Self-employment: \_\_\_\_\_

Interest: \_\_\_\_\_

Dividends: \_\_\_\_\_

Pensions and annuities: \_\_\_\_\_

Social Security Benefits: \_\_\_\_\_

Spousal or Child Support payments: \_\_\_\_\_

Disability payments: \_\_\_\_\_

Unemployment compensation and supplemental benefits: \_\_\_\_\_

Worker's Compensation: \_\_\_\_\_

Public Assistance: \_\_\_\_\_

Other: Food Stamps: \_\_\_\_\_

Medical Assistance: \_\_\_\_\_

I ATTACH TO THIS PETITION AND VERIFICATION A COPY OF MY LETTER GRANTING/DENYING (CIRCLE ONE) BENEFITS AND ATTACH A COPY OF MY BENEFIT STATEMENT(S).

(d) Other contributions to household support by other adult household members:

Names \_\_\_\_\_

Are any adult household members employed? \_\_\_\_ Yes \_\_\_\_ No

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

Other contributions to household expenses: \$ \_\_\_\_\_

I ATTACH TO THIS PETITION AND VERIFICATION COPIES OF THEIR MOST RECENT PAY STUB SHOWING THEIR EARNINGS OR A NOTARIZED STATEMENT FROM THEIR EMPLOYER SHOWING THEIR WAGES.

(e) Property owned: \_\_\_\_\_

Cash: \_\_\_\_\_

Checking account: \_\_\_\_\_

Savings account: \_\_\_\_\_

Certificates of Deposit: \_\_\_\_\_

Real Estate (including home): \_\_\_\_\_

Motor Vehicle: \_\_\_\_\_

Stocks, bonds: \_\_\_\_\_

Other: \_\_\_\_\_

(f) Debts and Obligations:

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loans: \_\_\_\_\_

Electric: \_\_\_\_\_

Gas: \_\_\_\_\_

Water/Sewer: \_\_\_\_\_

Garbage: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cable: \_\_\_\_\_

Food: \_\_\_\_\_

Cleaning Supplies: \_\_\_\_\_

Toiletries: \_\_\_\_\_

Laundry: \_\_\_\_\_

Clothing: \_\_\_\_\_

Gasoline: \_\_\_\_\_

Car Insurance: \_\_\_\_\_

Medical: \_\_\_\_\_

Transportation: \_\_\_\_\_

Other: \_\_\_\_\_

4. My biological or adopted child(ren) who primarily reside with me are as follows:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Other persons in my household who are dependent upon me for financial support

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_ Why dependent? \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_ Why dependent? \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_ Why dependent? \_\_\_\_\_

5. 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Telephone Number**