

# IN FORMA PAUPERIS PETITION

**It is strongly recommended that you  
consult an attorney!**

## **DISCLAIMER**

THE INFORMATION CONTAINED HEREIN IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WOULD LIKE TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE DELAWARE COUNTY LAWYER REFERRAL SERVICE AT 610-566-6627.

## **INSTRUCTIONS FOR COMPLETING A PETITION TO PROCEED IN FORMA PAUPERIS (IFP) AND ORDER**

To file any lawsuit you must pay a filing fee. However, it may be possible to have the filing fee waived if you can prove to the Court that you cannot afford to pay the fee.

To do this, you must file a Petition to Proceed in Forma Pauperis (IFP). An IFP is simply a list of your income and expenses. You must complete the IFP and file it at the same time that you file your Complaint or Petition at the Office of Judicial Support, commonly referred to as "OJS". The following are step-by-step instructions on how to fill out the IFP.

### **ORDER GRANTING LEAVE TO PROCEED IN FROMA PAUPERIS**

1. Print the full legal name of each party above "Plaintiff" and "Defendant". The Office of Judicial Support will assign your case a docket number when you file the IFP along with the Complaint or Petition.
2. Do not fill in the date or the Judge's name. The Court will complete the rest of the Order.

### **PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS**

1. Fill in your name, address, telephone number, and email address (if you have one).
2. As in your Complaint or Petition, print the full legal name of each party above "Plaintiff" and "Defendant". The Office of Judicial Support will assign your case a docket number when you file the IFP along with the Complaint or Petition.
3. Line 1 – If you are the Plaintiff, circle the word "Plaintiff". If you are the Defendant, circle the word "Defendant".
4. Line 2 – You are stating that you cannot afford to pay the costs in this action and that you are unable to borrow money to pay the costs in this action.
5. Line 3
  - a. Fill in you name, address and social security number.
  - b. If you are currently employed, print your employer's name and address, your monthly salary, and the type of work you do. If you are not currently employed, fill in the date of your last employment (if none, write "none"), your wages at your last job and the type of work you did.

- c. List any other income you received within the last twelve (12) months. If any of the entries apply to you, fill in your average monthly income from that source. If an entry does not apply, simply write “none”.
- d. List any income that is received by other people in your household that helps to support the household. If someone is not a member of your household, do not list their income here unless they give you money. For example, if you are suing your spouse for divorce, do not list your spouse or their income here unless they are providing you with money. Simply write “none” and go on to the questions about household contributions from your children, parents or others who live with you. If none of these apply, simply write “none”.
- e. List any property you own and its value. If you do not have any of the types of property listed, simply write “none”.
- f. Fill in an average monthly figure where applicable and write “none” to a type of debt that does not apply to your.

Note: The “other” category is quite broad. Use this category to list your average monthly electric, gas, oil, telephone, and cable TV bills. You should also list miscellaneous expenses such as hospital bills, laundry, haircuts, and food. Make sure you list every expense and identify it.

- g. List the people who depend on you for support. Once again, if you are suing your spouse for divorce, for example, you would not list your spouse here unless you provide money to them. If you have dependent children, list their full names and ages. Also, list any other people dependent upon you for support and their relationship to you.
6. Line 4 – This statement means that you understand you must report any improvement in your financial situation to the Court.
  7. Line 5 – This statement means that you are providing accurate information and that you understand certain penalties can be imposed if you make false statements.
  8. When you have completed the Petition of Indigency, sign and date it where indicated. **DO NOT LEAVE ANY SPACES BLANK OR STATE THAT SOMETHING IS NOT APPLICABLE. DO NOT USE THE RESPONSE OF “N/A” INSTEAD WRITE “NONE”.**

**MAKE TWO (2) COPIES OF THE COMPLETED FORM. THEREFORE, YOU WILL HAVE THREE (3) TOTAL (THE ORIGINAL AND TWO (2) COPIES).**

Take the original and the copies to the Delaware County Office of Judicial Support which is located on the first floor of the Government Center Building, 201 West Front Street, Media, PA 19063.

The Office of Judicial Support will date stamp your forms. The Office of Judicial Support will keep the original and one (1) copy and give you a copy for your records.

You will file the “Petition to Proceed In Forma Pauperis” with the Complaint/Petition.

The Petition to Proceed In Forma Pauperis will be reviewed by the Court and a hearing may be scheduled if the Court has questions concerning the information provided in the Petition.

You will be notified if the Court schedules a hearing. Otherwise, the Office of Judicial Support will send you a copy of the Order signed by the Court either approving or denying your request to proceed In Forma Pauperis.

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA  
CIVIL ACTION – FAMILY LAW

v. : NO.  
: :  
: :  
: :  
: :

**ORDER**

AND NOW, this        day of        ,        , upon consideration of the Application for Leave to proceed *In Forma Pauperis*, filed in the above captioned matter, it is hereby ORDERED that said application is:

- GRANTED         DENIED for the following reason:
- Application discloses ability to pay
- Application Contains insufficient information for determination of ability to pay.
- Other: \_\_\_\_\_
- \_\_\_\_\_

By the Court:  
\_\_\_\_\_  
J.

---

**NOTICE PURSUANT TO RULE 236**  
(Office of Judicial Support use only)

To all parties to the above captioned action.

The above Order was entered on \_\_\_\_\_, \_\_\_\_, \_\_\_\_\_. If the Application For Leave to {Proceed *In Forma Pauperis* was DENIED then the applicant must pay the requisite filing fee of \$ \_\_\_\_\_ within ten(110) days of the date that the Order was entered. Failure to do so can result in having the appeal stricken, or the entry of a judgment of non pros without any further notice to the applicant. The filing fee must actually be received by the Office of Judicial Support within ten (10) days, regardless of any postmark date on the envelope.

1. I am the Plaintiff/Defendant in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending the action in the 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 \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

b. EMPLOYMENT

Employer \_\_\_\_\_

Address \_\_\_\_\_

Salary or Wages Per Month \$\_\_\_\_\_ Type of Work \_\_\_\_\_

*If you are unemployed, answer the following:*

Date of Last Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Work \_\_\_\_\_

Salary or Wages Per Month \$\_\_\_\_\_

c. OTHER INCOME WITHIN THE PAST 12 MONTHS

Business or Profession \_\_\_\_\_

Other Self-Employment \_\_\_\_\_

Interest \$\_\_\_\_\_ Dividends \$\_\_\_\_\_

Pension and Annuities \$\_\_\_\_\_ Social Security Benefits \$\_\_\_\_\_

Support Payments \$\_\_\_\_\_ Disability Payments \$\_\_\_\_\_

Unemployment Compensation and Supplemental Benefits \$\_\_\_\_\_

Workman's Compensation \$\_\_\_\_\_ Public Assistance \$\_\_\_\_\_

Other Income Within the Past 12 Months/Year \$\_\_\_\_\_

d. OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT/EXPENSES

Spouse Name \_\_\_\_\_

*If your spouse is employed, answer the following:*

Employer \_\_\_\_\_

Address \_\_\_\_\_

Salary or Wages Per Month \$\_\_\_\_\_ Type of Work \_\_\_\_\_

Contributions from children \$\_\_\_\_\_

Contributions from parents \$\_\_\_\_\_ Other Contributions \$\_\_\_\_\_

e. ASSETS/PROPERTY OWNED

Cash \$\_\_\_\_\_ Checking Account \$\_\_\_\_\_

Savings Account \$\_\_\_\_\_ Certificate of Deposit \$\_\_\_\_\_

Stocks and Bonds \$\_\_\_\_\_ Real Estate \$\_\_\_\_\_

Other \_\_\_\_\_ \$\_\_\_\_\_

Motor Vehicles: (1) Make/Model \_\_\_\_\_ Year \_\_\_\_\_

Cost \$\_\_\_\_\_ Amount Owed \$\_\_\_\_\_

(2) Make/Model \_\_\_\_\_ Year \_\_\_\_\_

Cost \$\_\_\_\_\_ Amount Owed \$\_\_\_\_\_

f. DEBTS and OBLIGATIONS

Mortgage \$\_\_\_\_\_ Rent \$\_\_\_\_\_

Loan(s) \$\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. PERSONS DEPENDENT UPON YOU FOR SUPPORT

Spouse \_\_\_\_\_

Children:

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

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

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

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

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

Other Persons:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

4. I understand that I have a continuing obligation to inform the Court of improvements in my financial circumstances of which would permit me to pay the costs incurred herein.
5. 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.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Date