

\_\_\_\_\_,  
 Plaintiff  
 v.  
 \_\_\_\_\_,  
 Defendant

:IN THE COURT OF COMMON PLEAS  
 :OF NORTHUMBERLAND COUNTY, PA  
 :  
 :  
 :DOCKET NO. \_\_\_\_\_  
 :  
 :

**AFFIDAVIT**

- (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 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:

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

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

Present Employment: \_\_\_\_\_

Date of Last Employment: \_\_\_\_\_ Salary / Wage: \_\_\_\_\_

**OTHER INCOME WITHIN PAST TWELVE (12) MONTHS:**

Business or Other: \_\_\_\_\_ Self Employment: \_\_\_\_\_

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

Pension: \_\_\_\_\_ Social Security: \_\_\_\_\_

Support: \_\_\_\_\_ Disability: \_\_\_\_\_

Unemployment: \_\_\_\_\_ Workmen's Compensation: \_\_\_\_\_

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

**OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:**

Husband/Wife: \_\_\_\_\_ Employer: \_\_\_\_\_

Salary: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Contributions from parents or children: \_\_\_\_\_

**PROPERTY OWNED:**

Cash: \_\_\_\_\_ Checking Account: \_\_\_\_\_

CD's: \_\_\_\_\_ Savings Account: \_\_\_\_\_

Real Estate: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Make Model and Year of Auto: \_\_\_\_\_

Other Income: \_\_\_\_\_ Stocks & Bonds: \_\_\_\_\_

**DEBITS AND OBLIGATIONS PER MONTH:**

Mortgage/Rent: \_\_\_\_\_ Loans: \_\_\_\_\_

Credit Cards: \_\_\_\_\_ Child Support: \_\_\_\_\_

Electric: \_\_\_\_\_ Water/Sewage: \_\_\_\_\_ Fuel: \_\_\_\_\_

Medical: \_\_\_\_\_ Child Care: \_\_\_\_\_ Taxes: \_\_\_\_\_

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

**PERSONS DEPENDENT UPON YOU FOR SUPPORT:**

| Children's Name: | Age:  |
|------------------|-------|
| _____            | _____ |
| _____            | _____ |
| _____            | _____ |
| _____            | _____ |

**OTHER PERSONS AND RELATIONSHIPS DEPENDANT UPON YOU:**

| Name: | Relationship to Applicant: |
|-------|----------------------------|
| _____ | _____                      |
| _____ | _____                      |

***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.***

***I verify that that the statements made in this affidavit are true and correct. I understand that false statements herein are subject to the penalties of 18 Pa.C.S. 4904.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_, :  
Plaintiff :  
v. :  
\_\_\_\_\_, :  
Defendant :

IN THE COURT OF COMMON PLEAS  
OF NORTHUMBERLAND COUNTY, PA

DOCKET NO. \_\_\_\_\_

**PRAECIPE TO PROCEED IN FORMA PAUPERIS**

TO THE PROTHONOTARY:

Kindly allow \_\_\_\_\_, to proceed In Forma  
Pauperis. I, \_\_\_\_\_, certify that I am unable to pay the  
cost. My affidavit showing my inability to pay the costs of litigation is attached hereto.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_,  
Plaintiff

v.

\_\_\_\_\_,  
Defendant

:IN THE COURT OF COMMON PLEAS  
:OF NORTHUMBERLAND COUNTY, PA

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:

DOCKET NO. \_\_\_\_\_

**ORDER**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon  
consideration of the foregoing Petition and Affidavit, IT IS ORDERED and DIRECTED  
that \_\_\_\_\_ be permitted to proceed in this action In Forma  
Pauperis pursuant to Pa.R.C.P. 240.

BY THE COURT:

\_\_\_\_\_

Judge