

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

 Plaintiff)
)
)
 vs)
)
)
 _____)
 Defendant)

Date filed: _____

Number _____

Type of pleading:
IN FORMA PAUPERIS AFFIDAVIT

Counsel of record for
This party:

Attorney for: _____
PA I.D. # _____

Attorney Address:

Attorney Phone:

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

_____)	
Plaintiff)	
)	Number _____
vs)	
)	
_____)	
Defendant)	

PRAECIPE TO PROCEED IN FORMA PAUPERIS

TO THE PROTHONOTARY:

Kindly allow _____ to proceed In Forma Pauperis.

I, _____ Esquire, Attorney for the party proceeding In Forma Pauperis, certify, that I believe the party is unable to pay the costs and that I am providing free legal services to the party. The party's Affidavit showing inability to pay the costs of litigation is attached hereto.

Attorney for

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

_____)	
Plaintiff)	
)	Number _____
vs)	
)	
_____)	
Defendant)	

IN FORMA PAUPERIS AFFIDAVIT

1. I am the _____ 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 inability the fees and costs is true and correct:

A.) Name : _____

Address : _____

Social Security Number : _____

B.) Employment

If you are presently employed, state

Employer : _____

Address : _____

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 : _____

C.) 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 : _____

Supplemental Benefits : _____

Workman's Compensation : _____

Public Assistance : _____

Other : _____

D.) Other contributions to household support

(Wife) (Husband) Name : _____

If your (wife) (husband) is employed, state

Employer : _____

Address : _____

Salary of Wager per month : _____

Type of work : _____

Contributions from children : _____

Contributions from parents : _____

Other contributions : _____

E.) Property Owned

Cash : _____

Checking Account : _____

Savings Account : _____

Certificates of Deposit : _____

Real Estate (including home) : _____

Motor Vehicle : Make _____ Year _____

Cost _____ Amt owed _____

Stocks; bonds : _____

Other : _____

F.) Debts and Obligations

Mortgage : _____

Rent : _____

Loans : _____

Other : _____

G.) Persons dependent upon you for support

(Wife) (Husband) Name : _____

Children, if any:

Name : _____

Other persons :

Name : _____

Relationship : _____

4. 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 of 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.

DATE : _____

SIGNATURE : _____