

IN THE COURT OF COMMON PLEAS OF THE FIFTY-NINTH
JUDICIAL DISTRICT OF PENNSYLVANIA

_____ ,	*	COUNTY BRANCH – ELK / CAMERON
Plaintiff	*	
	*	
vs.	*	CIVIL ACTION – LAW
	*	
_____ ,	*	
Defendant	*	NO. _____

ORDER

AND NOW, _____, the Praeceptum to Proceed in Forma
Pauperis is _____.

BY THE COURT:

Judge

IN THE COURT OF COMMON PLEAS OF THE FIFTY-NINTH
JUDICIAL DISTRICT OF PENNSYLVANIA

_____	*	COUNTY BRANCH – ELK / CAMERON
Plaintiff	*	
vs.	*	CIVIL ACTION – LAW
_____	*	
Defendant	*	NO. _____

PRAECIPE TO PROCEED IN FORMA PAUPERIS

TO THE PROTHONOTARY:

I, _____ (*plaintiff*), am unable to pay the costs
of litigation.

My affidavit showing inability to pay the costs of litigation is attached hereto.

Plaintiff

IN THE COURT OF COMMON PLEAS OF THE FIFTY-NINTH
JUDICIAL DISTRICT OF PENNSYLVANIA

_____, * COUNTY BRANCH – ELK / CAMERON
Plaintiff *
 *
vs. * CIVIL ACTION – LAW
 *
_____, *
Defendant * NO. _____

AFFIDAVIT

1. I am the plaintiff 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:

(a) Name: _____

Address: _____
(Street) (City) (State, ZIP)

(b) Employment

If you are presently employed, state:

Employer: _____

Address: _____
(Street) (City) (State, ZIP)

Monthly salary or wages: \$ _____

Type of work: _____

If you are presently unemployed, state:

Date of last employment: _____

Monthly salary or wages: \$ _____

Type of work _____

(c) Other income within the past twelve (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: \$ _____

Worker's compensation: \$ _____

Public assistance: \$ _____

Other: \$ _____

(d) Other contributions to household support

(Wife)(Husband) Name: _____

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

Employer: _____

Salary or wages per month: \$ _____

Type of work: _____

Contributions from children: \$ _____

Contributions from parents: \$ _____

Other contributions: \$ _____

(e) Property owned

Cash: \$ _____

Checking account balance: \$ _____

Savings account balance: \$ _____

Certificates of deposit: \$ _____

Real estate (including home): \$ _____

Motor vehicle(s): Make: _____ Year: _____

 Cost: \$ _____ Amount Owed: \$ _____

 Make: _____ Year: _____

 Cost: \$ _____ Amount Owed: \$ _____

Stocks and bonds: \$ _____

Other: \$ _____

(f) Debts and obligations

Monthly Mortgage payment: \$ _____

Monthly Rent: \$ _____

Monthly Loan payments: _____

Other (food, utilities): \$ _____

(g) Persons dependent upon you for support

(Wife)(Husband) Name: _____

Children, if any:

Name: _____ Age: _____

Other persons:

Name: _____

Relationship: _____

4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances that 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.A. §4904, relating to unsworn falsification to authorities.

Date: _____

Plaintiff

v. 11/09