

MOTION TO PROCEED IN FORMA PAUPERIS

PHILADELPHIA COURT OF COMMON PLEAS
PETITION/MOTION COVER SHEET

FOR COURT USE ONLY
ASSIGNED TO JUDGE: ANSWER/RESPONSE DATE:
Do not send Judge courtesy copy of Petition/Motion/Answer/Response.
Status may be obtained online at http://courts.phila.gov

CONTROL NUMBER:
(RESPONDING PARTIES MUST INCLUDE THIS NUMBER ON ALL FILINGS)

Term, Month Year
No.

Name of Filing Party:

VS.

(Check one) Plaintiff Defendant
Movant Respondent

INDICATE NATURE OF DOCUMENT FILED:

- Petition (Attach Rule to Show Cause) Motion
Answer to Petition Response to Motion

Has another petition/motion been decided in this case?
Is another petition/motion pending?
If the answer to either question is yes, you must identify the judge(s):

TYPE OF PETITION/MOTION (see list on reverse side) MOTION TO PROCEED IN FORMA PAUPERIS
PETITION/MOTION CODE (see list on reverse side) MTIFP

ANSWER/RESPONSE FILED TO (Please insert the title of the corresponding petition/motion to which you are responding):

I. CASE PROGRAM
Is this case in the (answer all questions):
A. COMMERCE PROGRAM
Name of Judicial Team Leader:
Applicable Petition/Motion Deadline:
Has deadline been previously extended by the Court?
B. DAY FORWARD/MAJOR JURY PROGRAM - Year
Name of Judicial Team Leader:
Applicable Petition/Motion Deadline:
Has deadline been previously extended by the Court?
C. NON JURY PROGRAM
Date Listed:
D. ARBITRATION PROGRAM
Arbitration Date:
E. ARBITRATION APPEAL PROGRAM
Date Listed:
F. OTHER PROGRAM:
Date Listed:

II. PARTIES
(Name, address and telephone number of all counsel of record and unrepresented parties. Attach a stamped addressed envelope for each attorney of record and unrepresented party.)

III. OTHER

By filing this document and signing below, the moving party certifies that this motion, petition, answer or response along with all documents filed, will be served upon all counsel and unrepresented parties as required by rules of Court (see PA. R.C.P. 206.6, Note to 208.2(a), and 440). Furthermore, moving party verifies that the answers made herein are true and correct and understands that sanctions may be imposed for inaccurate or incomplete answers.

(Attorney Signature/Unrepresented Party) (Date) (Print Name) (Attorney I.D. No.)

The Petition, Motion and Answer or Response, if any, will be forwarded to the Court after the Answer/Response Date. No extension of the Answer/Response Date will be granted even if the parties so stipulate.

4. If there is a monetary recovery by judgment or settlement in favor of the party permitted to proceed *in forma pauperis*, the exonerated fees and costs shall be taxed as costs and paid to the Prothonotary by the party paying the monetary recovery.

5. Petitioner has a continuing obligation to inform the Court of any improvement in party's financial circumstances that will enable the party to pay costs.

BY THE COURT:

J.

2. I reside at (*state your full address*) _____

3. I have listed my sources and amounts of income truly and correctly on the attached affidavit.

4. I have the following average monthly expenses for the indicated items:

Housing: _____	Insurance: _____
Utilities: _____	Transportation: _____
(Gas): _____	Medical: _____
(Oil): _____	Loans: _____
(Electric): _____	Laundry: _____
(Phone): _____	Child Care: _____
Food: _____	Child Support: _____
Clothing: _____	

5. I neither own nor have equity in any assets other than the following (*state values in dollars*): _____

6. I am unable to pay the costs of these proceedings or to obtain the amount of costs from family or friends.

Court Term _____ 20____ and No. _____

WHEREFORE, Petitioner prays that he/she be permitted to proceed in this matter *in forma pauperis* and without the payment of bond.

Petitioner (Print your name)

Petitioner (Sign your name)

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: _____

Social Security # _____

(b) **EMPLOYMENT**

If you are presently employed, state:

Employer : _____

Address: _____

Salary/wages
Per Month: _____

Type of Work: _____

If you are presently unemployed, state:

Date of last Employment: _____

Salary/Wages
Per Month: _____

Type of Work: _____

(c) **OTHER INCOME WITHIN THE PAST TWELVE (12) MONTHS**
(state as dollar amounts)

Business or Profession: _____

Other Self-employment: _____

Interest: _____

Dividends: _____

Pension and Annuities: _____

Social Security Benefits: _____

Support Payments: _____

Disability Payments: _____

Unemployment Compensation &
Supplemental Benefits: _____

Workmans' Compensation: _____

Public Assistance: _____

Other: _____

(d) ***OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT (state as dollar amounts)***

(Wife) (Husband) (Friend) Name: _____

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

Employer: _____

Salary/Wages
Per Month: _____

Type of Work: _____

Contributions
From Children: _____

Contributions
From Parents: _____

Other Contributions: _____

(e) ***PROPERTY OWNED (state as dollar amounts)***

Cash: _____

Checking Account: _____

Savings Account: _____

Certificates of Deposit: _____

Real Estate
(Including Home): _____

Motor Vehicle: Make _____ Year _____

Cost \$ _____ Amount Owed **Z**

Stocks & Bonds: _____

Other: _____

(f) DEBTS AND OBLIGATIONS (state as dollar amounts)

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) PERSONS DEPENDENT UPON YOU FOR SUPPORT

(Wife) (Husband) Name: _____

Children, if any: _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

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 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.

Dated: _____

Petitioner (Print your name)

Petitioner (Sign your name)

Sworn to and subscribed before me this

_____ day of _____, 20_____.

Notary Public

Certificate of Service

I hereby certify that I have served a copy of this petition upon all other parties or their attorney of record by:

Please check:

_____ Regular First Class Mail

_____ Certified Mail

_____ Other

Name of Petitioner (Print Name)

Signature of Petitioner (Sign your name)

Dated: _____

Instructions for completing Petition to Proceed *In Forma Pauperis*

1. **All blanks and all questions MUST be filled in or answered. Dollar amounts MUST be clearly stated where requested.**
2. **A copy of your latest Pennsylvania tax or federal tax return should be attached.**
3. **Service of a copy of this petition MUST be made on the opposing party or opposing party's attorney.**
4. **Please attach a self-addressed, stamped envelope for yourself and an addressed, stamped envelope for each opposing party or opposing party's attorney.**
5. **Petitioner is required to have the enclosed Affidavit notarized by a licensed Notary Public.**
6. **Your petition may be dismissed or denied for failure to properly complete all information.**

Definition of Terms:

Affidavit: A voluntary declaration of facts written down and sworn to by the declarant before an officer authorized to administer oaths.

Defendant: A person who is sued in a civil or criminal proceeding.

In Forma Pauperis: [Latin "in the manner of a pauper"] To proceed in the manner of an indigent who is permitted to disregard filing fees and court costs.

Petitioner: A party who presents a petition to a court or other official body.

Plaintiff: The party who brings a civil suit in a court of law against another person or entity.