Commonwealth of Pennsylvania Court of Common Pleas County	Motion to Proceed In Forma Pauperis
ofJudicial District	Commonwealth of Pennsylvania v.
County Clerk of Courts Address: Telephone:	Docket No:
I,, residing at	, request that this
 Court permit me to proceed in forma pauperis (without payment of I am the defendant in the above-captioned matter and bec filing this action. 	f the filing fee). In support of this I state the following: ause of my financial condition am unable to pay the fee for
 I am unable to obtain funds from anyone, including my fam I represent that the information below relating to my ability 	
Employ If you are presently employed, state employer:	ment Information
Name:	
Address: Salary or Wages per Month:	Type of Work:
If you are presently unemployed, state: The date of my last employment was:	
Salary or Wages per Month:	Type of Work:
Other Income Received	d Within The Past Twelve Months
Spouse's name: If spouse is presently employed, state employer: Name:	
Address: Salary or Wages per Month:	Type of Work:
If spouse is presently unemployed, state: The date of spouse's last employment was:	
Salary or Wages per Month:	Type of Work:
Contributions from Children:	
Contributions from Children:	
Other Contributions:	

v.

Docket No:

Assets/Property Owned	
Cash:	Certificates of Deposit:
Checking Account:	Stocks and Bonds:
Savings Account:	Other:
Real Estate:	
Do you own a home or other real property? If so, please provide for each	
Address:	
Assessed Value:	Amount Owed:
Motor Vehicle:	
Do you own an automobile? If so, please provide for each:	
Make:	
Model:	Year:
Cost:	Amount Owed:
Debts and Obligations	
Rent:	Loans:
Mortgages:	Other:
(Other than those listed above)	
Persons Dependent U	pon Me For Support
Spouse's Name:	
Ages of Minor Children, if any:	
Other Persons (non-minor)	
Neme	Relationship:
Name:	Relationship:
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I,, understand improvement in my financial circumstances which would permi	that I have a continuing obligation to inform the Court of
	t me to pay the costs incurred herein.
I,, verify that the	e statements made in this petition are true and correct. I
understand that false statements herein are made subject to pe	enalties of 18 Pa.C.S. § 4904, relating to unsworn
falsification to authorities.	
I certify that this filing complies with the provisions of the Public	Access Policy of the Unified Judicial System of
Pennsylvania: Case Records of the Appellate and Trial Courts	
documents differently than non-confidential information and do	cuments.
Signature of Detitioner	Date
Signature of Petitioner	Date