



Motion to Proceed In Forma Pauperis

COMMONWEALTH OF PENNSYLVANIA
v.

Huntingdon County Court Administration
223 Penn Street
Huntingdon, PA 16652
PH: 814-643-5078

Docket No:

I, _____, residing at _____, request that this Court permit me to proceed in forma pauperis (without payment of the filing fee). In support of this I state the following:

1. I am the defendant in the above-captioned matter and because of my financial condition am unable to pay the fee for filing this action.
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:

Employment Information

I AM PRESENTLY EMPLOYED.

MY PRESENT EMPLOYER:

Name: _____
Address: _____
Occupation: _____
Salary or Wages per Month: \$ _____

I AM PRESENTLY UNEMPLOYED.

MY LAST EMPLOYER:

Name: _____
Address: _____
Occupation: _____
Salary or Wages per Month: \$ _____
Dates of My Last Employment: _____

Other Income Received Within The Past Twelve Months

Docket No:

SPOUSE'S NAME: _____
 SPOUSE EMPLOYED:
SPOUSE'S EMPLOYER: _____
EMPLOYER NAME: _____
EMPLOYER ADDRESS: _____
SPOUSE'S OCCUPATION: _____
SALARY OR WAGES PER MONTH: \$ _____
 SPOUSE UNEMPLOYED
CONTRIBUTIONS FROM CHILDREN: \$ _____
CONTRIBUTIONS FROM PARENTS: \$ _____
OTHER CONTRIBUTIONS: \$ _____

Assets/Property Owned

CASH: \$ _____
CHECKING ACCOUNT: \$ _____
SAVINGS ACCOUNT: \$ _____
CERTIFICATES OF DEPOSIT: \$ _____
STOCKS AND BONDS: \$ _____
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

Docket No: _____

MORTGAGES OTHER THAN THOSE LISTED ABOVE: \$ _____
LOANS: \$ _____
RENT: \$ _____
OTHER: \$ _____

Persons Dependent Upon Me For Support

SPOUSE'S NAME: _____

CHILDREN

INDICATE NUMBER: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

OTHER PERSONS

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

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.

I, _____, verify that the statements made in this petition are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Signature of Petitioner

Date
