Commonwealth of Pennsylvania
Court of Common Pleas County
of Huntingdon
20th Judicial District

Motion to Proceed In Forma Pauperis

v.

Huntingdon County Clerk of Courts
Address: P. O. Box 39, 223 Penn Street
Huntingdon, PA 16652
Telephone: 814-643-1610

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:

If you are presently employed, state employer:

Name: _____

Address: _____

Salary or Wages per Month: _____ Type of Work: _____

Other Income (including disability, unemployment and retirement):

_____

If you are presently unemployed, state:

The date of my last employment was: _____

Salary or Wages per Month: _____ Type of Work: _____

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 Parents: _____

v.

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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 Upon Me For Support

Spouse's Name: _____

Ages of Minor Children, if any: _____

Other Persons (non-minor)

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.

☐ 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 that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Petitioner _____ Date _____