

	Plaintiff	:	IN THE COURT OF COMMON PLEAS
		:	BRADFORD COUNTY,
		:	PENNSYLVANIA
		:	
vs.		:	NO. _____
		:	
	Defendant.	:	

**PETITION FOR WAIVER OF COSTS**

1. I am the (Plaintiff)(Defendant) 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: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY: \_\_\_\_\_

b. EMPLOYMENT:

If you are presently employed, state:

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SALARY OR WAGES PER MONTH: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_

If you are presently unemployed, state:

DATE OF LAST EMPLOYMENT: \_\_\_\_\_

SALARY OR WAGES PER MONTH: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_

c. OTHER INCOME WITHIN THE PAST TWELVE MONTHS:

BUSINESS OR PROFESSION: \$ \_\_\_\_\_

OTHER SELF-EMPLOYMENT: \$ \_\_\_\_\_

INTEREST: \$ \_\_\_\_\_

DIVIDENDS: \$ \_\_\_\_\_

PENSION OR ANNUITIES: \$ \_\_\_\_\_

SOCIAL SECURITY BENEFITS: \$ \_\_\_\_\_

SUPPORT PAYMENTS: \$ \_\_\_\_\_

DISABILITY PAYMENTS: \$ \_\_\_\_\_

UNEMPLOYMENT COMPENSATION: \$ \_\_\_\_\_

WORKER'S COMPENSATION: \$ \_\_\_\_\_

PUBLIC ASSISTANCE: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

d. OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:

HUSBAND/WIFE - NAME: \_\_\_\_\_

If your husband/wife 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: \$ \_\_\_\_\_

SAVINGS ACCOUNT: \$ \_\_\_\_\_

CERTIFICATES OF DEPOSIT: \$ \_\_\_\_\_

REAL ESTATE (HOME OR LAND):

VALUE: \$ \_\_\_\_\_

HOW MUCH IS OWED: \$ \_\_\_\_\_

WHERE LOCATED: \_\_\_\_\_

\_\_\_\_\_

TAXES (PER YEAR): \$ \_\_\_\_\_

MOTOR VEHICLE:

MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_

COST: \$ \_\_\_\_\_

AMOUNT OWED: \$ \_\_\_\_\_

STOCKS/BONDS: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

f. DEBTS AND OBLIGATIONS PER MONTH:

MORTGAGE/RENT: \$ \_\_\_\_\_

UTILITIES:

ELECTRIC: \$ \_\_\_\_\_

WATER/SEWER: \$ \_\_\_\_\_

OIL/GAS/COAL: \$ \_\_\_\_\_

PHONE: \$ \_\_\_\_\_

TV/CABLE: \$ \_\_\_\_\_

GARBAGE: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

LOANS: \$ \_\_\_\_\_

CREDIT CARDS: \$ \_\_\_\_\_

FOOD: \$ \_\_\_\_\_

NON-FOOD: \$ \_\_\_\_\_

CLOTHING: \$ \_\_\_\_\_

CHILD SUPPORT: \$ \_\_\_\_\_

CHILD CARE: \$ \_\_\_\_\_

TRANSPORTATION COSTS: \$ \_\_\_\_\_

CAR PAYMENT: \$ \_\_\_\_\_

REPAIR COSTS: \$ \_\_\_\_\_

MEDICAL BILLS: \$ \_\_\_\_\_

PRESCRIPTIONS: \$ \_\_\_\_\_

BACK TAXES: \$ \_\_\_\_\_

(Personal, Real Estate)

MISCELLANEOUS HOUSEHOLD EXPENSES: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

g. PERSONS DEPENDANT UPON YOU FOR SUPPORT:

CHILDREN, IF ANY:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OTHER PERSONS:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

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.

I verify that the statements made in this affidavit 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

	:	IN THE COURT OF COMMON PLEAS
	:	BRADFORD COUNTY,
	:	PENNSYLVANIA
Plaintiff	:	
	:	
vs.	:	NO. _____
	:	
	:	
Defendant.	:	

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**ORDER**

NOW, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

upon consideration of the foregoing Petition and Affidavit, **IT IS ORDERED AND DIRECTED** that \_\_\_\_\_ be permitted to proceed in this action In Forma Pauperis pursuant to Pa. R.C.P. §240(f).

**BY THE COURT:**

\_\_\_\_\_  
J.