



**HARDSHIP APPLICATION  
REQUEST FOR BRADFORD COUNTY TO ADVANCE EVALUATION FEES**

Amount Requested: \$ \_\_\_\_\_

I, \_\_\_\_\_, hereby request that Bradford County advance my custody evaluation fees and that I be allowed to make alternate arrangements for payment of said fee. In support of this we/I state the following:

Because of my financial condition am unable to pay custody evaluation fee for the above caption matter.

I am the real owner of real estate located at \_\_\_\_\_  
\_\_\_\_\_.

I presently reside at \_\_\_\_\_  
\_\_\_\_\_.

I (am/or am/not) \_\_\_\_\_ receiving any rental payments for usage of the real estate listed above (if rental is received, please explain.)  
\_\_\_\_\_  
\_\_\_\_\_.

I am unable to attain funds from anyone, including family and associates, to pay the custody evaluation fee.

I represent that the information below relating to my ability to pay the custody evaluation fees, is true and correct:

(a) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_  
Social Security No. XXX-XX \_\_\_\_\_

(b) Employment  
My present employer is:  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Gross Salary Wages per month: \_\_\_\_\_  
Type of work: \_\_\_\_\_

or I am presently unemployed.  
The date of my last employment was: \_\_\_\_\_  
Gross salary or wages per month: \_\_\_\_\_  
Type of work: \_\_\_\_\_

- (c) Other income or benefits that I have received within the past twelve months:

\_\_\_\_\_  
Business or profession: \_\_\_\_\_  
Other self-employment: \_\_\_\_\_  
Interest: \_\_\_\_\_  
Dividends: \_\_\_\_\_  
Pensions and annuities: \_\_\_\_\_  
Social Security Benefits: \_\_\_\_\_  
Support Payments: \_\_\_\_\_  
Disability Payments: \_\_\_\_\_  
Unemployment compensation and supplemental benefits:  
\_\_\_\_\_  
Workman's compensation: \_\_\_\_\_  
Public Assistance: \_\_\_\_\_  
Other: \_\_\_\_\_

- (d) Other Contributions to household support:  
(Wife) (Husband) is employed

Gross 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 (including home): \_\_\_\_\_  
Motor vehicle #1: Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Cost: \_\_\_\_\_ Amount owed \$ \_\_\_\_\_  
Motor vehicle #2: Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Cost: \_\_\_\_\_ Amount owed \$ \_\_\_\_\_  
Stocks, bonds: \_\_\_\_\_  
Boat: Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Cost: \_\_\_\_\_ Amount owed \$ \_\_\_\_\_  
Tractor or Riding Lawn Mower: Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Cost: \_\_\_\_\_ Amount owed \$ \_\_\_\_\_  
Snowmobile: Make: \_\_\_\_\_ Year: \_\_\_\_\_

Cost: \_\_\_\_\_ Amount owed \$ \_\_\_\_\_  
ATV: Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Cost: \_\_\_\_\_ Amount owed \$ \_\_\_\_\_  
Motorcycle: Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Cost: \_\_\_\_\_ Amount owed \$ \_\_\_\_\_  
Personal Computer: Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Cost: \_\_\_\_\_ Amount owed \$ \_\_\_\_\_  
Guns: \_\_\_\_\_  
Other: \_\_\_\_\_

(f) Debts and Obligations

Mortgage: \_\_\_\_\_  
Rent: \_\_\_\_\_  
Loans: \_\_\_\_\_  
Credit Cards/Current Balances: \_\_\_\_\_  
Utility Bills: Gas \_\_\_\_\_, Water \_\_\_\_\_  
Electric \_\_\_\_\_, Cable TV \_\_\_\_\_  
Other: \_\_\_\_\_

(g) Persons dependent upon me for support

(Wife) (Husband) Name: \_\_\_\_\_

Children, if any:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Other persons:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

(h) Amount of Attorney Fees paid for my representation in the divorce

and/or custody action: \_\_\_\_\_.

Amount of Attorney Fees owed: \_\_\_\_\_.

I propose the following payment plan.

---

---

I understand that I have a continuing obligation to inform Bradford County Court Administration of improvement in my financial circumstances which would permit us/me to pay the custody evaluation fees herein or to increase the amount of my monthly payment obligation.

I verify that the statements made in this petition 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.

Date: \_\_\_\_\_  
\_\_\_\_\_, Petitioner