## \*\*\*\*INSTRUCTIONS FOR SELF-REPRESENTED PETITIONERS\*\*\*\*

Petition to Proceed In Forma Pauperis

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY. IF YOU DO NOT PROVIDE THE REQUIRED INFORMATION, YOUR PETITION MAY NOT BE APPROVED OR YOUR HEARING MAY BE DELAYED.

- 1. Fill out the Petition for Leave to Proceed *In Forma Pauperis* ("IFP Petition") form. Be sure to include all requested information and check which case type applies to your court action.
- 2. Bring your completed IFP Petition to the Court Administration office on the second floor of the Erie County Courthouse, room 204/205.
- 3. A representative from Court Administration will review your completed IFP Petition to determine eligibility using the most current U.S. (HHS) Poverty Guidelines.
- 4. If your IFP Petition is approved, your Petition will be granted without the necessity of a hearing before a Judge.
- 5. If your IFP Petition is not approved, Court Administration will issue an IFP Ineligibility Notice and you are entitled to a hearing before a judge.
- 6. To have a hearing before a Judge, you must take your IFP Petition and IFP Ineligibility Notice to the appropriate Motion Court for your type of case:
  - Family / Orphans' Division Motion Court is held Monday through Thursday at 9:00 A.M.
  - Trial Division Motion Court (Civil / Criminal) is held Monday through Thursday each week at 9:00 A.M.
  - MOTION COURT BEGINS PROMPTLY AT 9:00 A.M. IF YOU ARRIVE LATE, YOUR IFP PETITION MAY NOT BE HEARD THAT DAY.

	:	IN THE COURT OF COMMON PL OF ERIE COUNTY, PENNSYLVAN	
Plaintii	ff :	,	
VS.	:	NO	_
Defend	dant :		
	CASE T	ТҮРЕ	
<u>CIVIL TRIAL DIVISION</u>		FAMILY DIVISION - DIVORCE	
<del>.</del>		·	
<u>CRIMINAL DIVISION</u>		FAMILY DIVISION - CUSTODY	
ORPHANS' COURT DIVISION		FAMILY DIVISION - SUPPORT	
<u> </u>	in the abo	AVE TO PROCEED  PAUPERIS  ve matter and because of my financial or defending the action or proceeding	
2. Have you ever applied for <i>In Form</i>	•	· · · · · · · · · · · · · · · · · · ·	
If yes, was it granted? (yes / no)		-	
If not, state why:			
3. If you petitioned for IFP in the pa	st, have yo	our financial circumstances changed	since the
last request? (yes / no)			
If yes, briefly explain that change:			

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ct:	
Α.	Petitioner:
	Name:
	Address (street address / apt. #, city, state, and zip code):
В.	If you are presently employed, state:
	Place of Employment:
	Employer's Address (street address, city, state, and zip code):
	Wages / Salary per month (dollar amount):
	Type of work:
c.	If you are presently unemployed, state the date of last employment:
	Last Employer:
	Last Employer's Address:
	Wages / Salary per month (dollar amount): \$

I am unable to obtain funds from anyone, including my family and associates, to pay the costs of

D. Other income within the pa	st 12 months:
Business or profession:	
(dollar amount and description o	f business or profession): \$
Other self-employment:	
(dollar amount and description of	f other employment): \$
Interest: (dollar amount): \$	
Dividends: (dollar amount): \$	
Pension and annuities (dollar amo	ount): \$
Social Security benefits (dollar an	nount): \$
Support payments (dollar amount	t): \$
Disability payments (dollar amour	nt): \$
Unemployment compensation ar	nd supplemental benefits (dollar amount): \$
Worker's compensation (dollar an	nount): \$
Public assistance (dollar amount):	: \$
Other (dollar amount and descrip	ption of other income): \$
E. Other contributions to hous	sehold support:
N	
Name of spouse / significant other	er:
Spouse / significant other's employed	oyer:
Mana / Calamana and A. I. II	
Wages / Salary per month (dollar	amount): \$

Type of work:

(CONTINUI	ED) E. Other contril	butions to household support:			
Contributions from children per month (dollar amount): \$					
		relatives per month (dollar amount): \$			
	ributions per month ount and description of a	other contributions): \$			
(donar dirio	ant and description of	other contributions). Q			
F. Propert	y owned:				
Cash (dollar	r amount): \$				
Checking ac	ccount (dollar amount):	\$			
Savings acc	ount ( <i>dollar amount</i> ): \$	<b>;</b>			
0					
Certificates	of Deposit / Other Inve	estments (dollar amount): \$			
Real estate	including home (value)	/ dollar amount): \$			
Motor vehic	cle: Make:	Year:			
	Cost: \$	Amount now owed: \$			
Stocks / bo	nds (dollar amount): \$				
Other prop	erty (value / dollar amo	ount): \$			
	_				
G. Persons	s dependent upon you	ı for support:			
Name of sp	ouse:				
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
Children:	Initials:	Age:			
	Initials:	Age:			
	Initials:	Ago			
	IIIILIdis.	Age:			

6. 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.

Relationship:

Other:

Initials:

statements herein are made subject to	the penalties of 18 I	Pa.C.S. § 4904, relating	g to unsworn
falsification to authorities.			
Date:			
Date: Print Name		gnature	
	<u>ORDER</u>		
AND NOW, to-wit, this	day of	, 20	_, the
above Petition for Leave to Proceed In F	orma Pauperis is	(Granted / Denied)	·
If granted, a party permitted to I	oroceed <i>in forma pau</i>	<i>peris</i> shall not be requ	ired to pay
any cost or fee imposed or authorized b	y Act of Assembly or	general rule which is p	ayable to
the offices of the Clerk of Records (Clerk	of Courts, Prothono	tary, Register of Wills /	'Orphans'
Court) and/or Erie County Domestic Rel	ations Office in conne	ection with a civil actio	n, or post
bond or other security for costs as a cor	dition for commenci	ng a civil action or prod	ceeding or
taking an appeal. If there is a monetary	recovery by judgmer	nt or settlement in favo	or of the
party permitted to proceed in forma pa	uperis, the exonerate	d fees and costs shall l	oe taxed as
costs and paid to the appropriate office	of the Clerk of Record	ds by the party paying	the
monetary recovery. In no event shall th	e exonerated fees an	d costs be paid to the	indigent
party.			
	BY THE C	COURT:	
			Judge

7. I verify that the statements made in this affidavit are true and correct. I understand that false

## COURT OF COMMOM PLEAS OF ERIE COUNTY, PENNSYLVANIA OFFICE OF COURT ADMINISTRATION

RE: IFP INELIGIBILITY NOTICE
DATE:
CASE NAME / DOCKET #:
IFP INELIGIBILITY NOTICE
UPON REVIEW OF YOUR PETITION TO PROCEED IN FORMA PAUPERIS (IFP), IT APPEARS
YOU ARE NOT IFP ELIGIBLE AND, THEREFORE, YOUR IFP PETITION CANNOT BE
APPROVED BY COURT ADMINISTRATION. HOWEVER, YOU ARE ENTITLED TO A
HEARING. IF YOU ELECT TO HAVE A HEARING, YOU MUST PRESENT THIS IFP
INELIGIBILITY NOTICE <b>AND</b> YOUR PETITION AT MOTION COURT.

COURT ADMINISTRATION REPRESENTATIVE INITIALS: