******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.

    - Civil / Trial Division Motion Court is only held on Tuesday and 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 PLEAS
	:	OF ERIE COUNTY, PENNSYLVANIA
Plaintiff	:	
vs.	:	NO. _____
	:	
	:	
_____		
Defendant	:	

CASE TYPE

CIVIL TRIAL DIVISION	☐	FAMILY DIVISION - DIVORCE	☐
CRIMINAL DIVISION	☐	FAMILY DIVISION - CUSTODY	☐
ORPHANS' COURT DIVISION	☐	FAMILY DIVISION - SUPPORT	☐

PETITION FOR LEAVE TO PROCEED
IN FORMA PAUPERIS

1. I am the ☐ Plaintiff / ☐ Defendant in the above matter and because of my financial condition I am unable to pay the fees and costs of prosecuting or defending the action or proceeding.

2. Have you ever applied for *In Forma Pauperis* (IFP) in the past? (*yes / no*) _____

If yes, was it granted? (*yes / no*) _____

If not, state why: _____

3. If you petitioned for IFP in the past, have your financial circumstances changed since the last request? (*yes / no*) _____

If yes, briefly explain that change: _____

_____

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

5. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

A. Petitioner:

Name:

Address (*street address / apt. #, city, state, and zip code*):

B. 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*): $

Type of work:

D. Other income within the past 12 months:

Business or profession:
(*dollar amount and description of business or profession*): $

Other self-employment:
(*dollar amount and description of other employment*): $

Interest: (*dollar amount*): $

Dividends: (*dollar amount*): $

Pension and annuities (*dollar amount*): $

Social Security benefits (*dollar amount*): $

Support payments (*dollar amount*): $

Disability payments (*dollar amount*): $

Unemployment compensation and supplemental benefits (*dollar amount*): $

Worker's compensation (*dollar amount*): $

Public assistance (*dollar amount*): $

Other (*dollar amount and description of other income*): $

E. Other contributions to household support:

Name of spouse / significant other:

Spouse / significant other's employer:

Wages / Salary per month (*dollar amount*): $

Type of work:

(CONTINUED) E. Other contributions to household support:

Contributions from children per month (*dollar amount*): $

Contribution from parents / other relatives per month (*dollar amount*): $

Other contributions per month
(*dollar amount and description of other contributions*): $

F. Property owned:

Cash (*dollar amount*): $

Checking account (*dollar amount*): $

Savings account (*dollar amount*): $

Certificates of Deposit / Other Investments (*dollar amount*): $

Real estate including home (*value / dollar amount*): $

Motor vehicle: Make: Year:

Cost: $ Amount now owed: $

Stocks / bonds (*dollar amount*): $

Other property (value / *dollar amount*): $

G. Persons dependent upon you for support:

Name of spouse:

Children: Initials: Age:

Initials: Age:

Initials: Age:

Other: Initials: Relationship:

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.

7. I verify that the statements made in this affidavit 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: _____ **_____** **_____**
Print Name **Signature**

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

ORDER

AND NOW, to-wit, this _____ day of _____, 20_____, the above Petition for Leave to Proceed *In Forma Pauperis* is _____.
(Granted / Denied)

If granted, a party permitted to proceed *in forma pauperis* shall not be required to pay any cost or fee imposed or authorized by Act of Assembly or general rule which is payable to the offices of the Clerk of Records (Clerk of Courts, Prothonotary, Register of Wills / Orphans' Court) and/or Erie County Domestic Relations Office in connection with a civil action, or post bond or other security for costs as a condition for commencing a civil action or proceeding or taking an appeal. If there is a monetary recovery by judgment or settlement in favor of the party permitted to proceed *in forma pauperis*, the exonerated fees and costs shall be taxed as costs and paid to the appropriate office of the Clerk of Records by the party paying the monetary recovery. In no event shall the exonerated fees and costs be paid to the indigent party.

BY THE COURT:

_____
Judge

COURT OF COMMON 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 **AND** YOUR PETITION AT MOTION COURT.

COURT ADMINISTRATION REPRESENTATIVE INITIALS: _____