

### **FILING FOR AN IN FORMA PAUPERIS**

1. Fill the In Forma Pauperis form out completely.
2. Appear in Family Motion Court located on the second floor (Monday through Thursday at 9:00 a.m.) with your completed In Forma Pauperis and your Complaint For Custody/Modification Petition.
3. If the Judge grants your In Forma Pauperis, bring all of your paperwork to the Custody Conciliation Office located on the ground floor, room 2.

If the Judge denies your In Forma Pauperis, you are required to bring the appropriate fee when presenting your paperwork to the Custody Conciliation Office. The fee is not paid directly to the Custody Conciliation Office; however, you will be instructed where to pay the fee.

4. Please refer to the Custody Booklet for further instructions and proper amount of copies needed of your Complaint for Custody/Modification Petition.

\_\_\_\_\_  
Plaintiff  
v.  
\_\_\_\_\_  
Defendant

IN THE COURT OF COMMON PLEAS  
  
OF ERIE COUNTY, PENNSYLVANIA  
CIVIL DIVISION  
  
NO.

PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

1. I am the (Plaintiff) (Defendant) listed above. Because of my financial condition, I am unable to pay the required fees.
2. Have you ever applied for an In Forma Pauperis (IFP) in the past? \_\_\_\_\_ yes \_\_\_\_\_ no.  
If so, was it granted? \_\_\_\_\_ yes \_\_\_\_\_ no.  
If not, please state why. \_\_\_\_\_  
\_\_\_\_\_
3. If you have petitioned for an IFP in the past, have your financial circumstances changed since the last request? \_\_\_\_\_ yes \_\_\_\_\_ no.  
If yes, please briefly explain that change. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. I am unable to obtain funds from anyone, including my family and friends, to pay the costs.
5. I represent that the information below relating to my ability to pay the fees and costs is true and correct:
  - a. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & ZIP: \_\_\_\_\_
  - b. EMPLOYMENT  
If presently employed, state Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & ZIP: \_\_\_\_\_  
Wages/salary per month: \_\_\_\_\_  
Type of work: \_\_\_\_\_  
If presently unemployed, state date of last employment: \_\_\_\_\_  
Wages/salary per month: \_\_\_\_\_  
Type of work: \_\_\_\_\_  
Reason no longer employed at last job: \_\_\_\_\_
  - c. OTHER INCOME WITHIN PAST TWELVE MONTHS  
Business/Profession: \_\_\_\_\_  
Other self-employment: \_\_\_\_\_  
Interest: \_\_\_\_\_ Dividends: \_\_\_\_\_  
Pension and annuities: \_\_\_\_\_  
Social Security benefits: \_\_\_\_\_  
Support payments: \_\_\_\_\_  
Disability payments: \_\_\_\_\_  
Unemployment compensation and supplemental benefits: \_\_\_\_\_  
Workers' compensation: \_\_\_\_\_  
Public Assistance: \_\_\_\_\_  
Other: \_\_\_\_\_
  - d. OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT

Name of spouse/significant other: \_\_\_\_\_  
If your spouse is employed, state employer: \_\_\_\_\_  
Wages/salary 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: Make: \_\_\_\_\_ Year: \_\_\_\_\_  
Cost: \_\_\_\_\_ Amount now owed: \_\_\_\_\_  
Stocks/bonds: \_\_\_\_\_  
Other: \_\_\_\_\_

f. DEBTS AND OBLIGATIONS

Mortgage: \_\_\_\_\_ Rent: \_\_\_\_\_  
Loans: \_\_\_\_\_  
Other: \_\_\_\_\_

g. PERSONS DEPENDENT UPON YOU FOR SUPPORT

Name of spouse: \_\_\_\_\_  
Children, if any: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
Other persons:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

6. I understand that I have a continuing obligation to inform the Court of any improvement in my financial circumstances which would permit me to pay the costs.
7. I verify that the statements made in this Affidavit are true and correct. I understand that false statements are made subject to the penalties of 18 Pa.C.S. 4904 relating to unsworn falsification to authorities.

Wherefore, I request this Honorable Court to enter an Order granting me leave to file an action as an indigent party without the necessity of paying any filing fees or costs.

DATE: \_\_\_\_\_ Petitioner: \_\_\_\_\_

ORDER

AND NOW, to-wit, this \_\_\_\_\_ day of \_\_\_\_\_, the above  
Petition for Leave to Proceed In Forma Pauperis is \_\_\_\_\_ as it pertains to  
the filing fees of the Prothonotary office in this matter.

BY THE COURT:

\_\_\_\_\_  
Judge