

**\*\*\*\*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 PLEAS
Plaintiff	:	OF ERIE COUNTY, PENNSYLVANIA
vs.	:	NO. _____
Defendant	:	

**CASE TYPE**

<u>CIVIL TRIAL DIVISION</u>	<input type="checkbox"/>	<u>FAMILY DIVISION - DIVORCE</u>	<input type="checkbox"/>
<u>CRIMINAL DIVISION</u>	<input type="checkbox"/>	<u>FAMILY DIVISION - CUSTODY</u>	<input type="checkbox"/>
<u>ORPHANS' COURT DIVISION</u>	<input type="checkbox"/>	<u>FAMILY DIVISION - SUPPORT</u>	<input type="checkbox"/>

**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: \_\_\_\_\_

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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:

<b>A. Petitioner:</b> _____  Name: _____  Address ( <i>street address / apt. #, city, state, and zip code</i> ): _____ _____ _____
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<b>B. If you are presently employed, state:</b> _____  Place of Employment: _____  Employer's Address ( <i>street address, city, state, and zip code</i> ): _____ _____  Wages / Salary per month ( <i>dollar amount</i> ): _____  Type of work: _____
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<b>C. If you are presently unemployed, state the date of last employment:</b> _____  Last Employer: _____  Last Employer's Address: _____ _____  Wages / Salary per month ( <i>dollar amount</i> ): \$ _____  Type of work: _____
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**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:





COURT OF COMMON PLEAS OF ERIE COUNTY, PENNSYLVANIA  
OFFICE OF COURT ADMINISTRATION

RE: IFP INELIGIBILITY NOTICE

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

CASE NAME / DOCKET #: \_\_\_\_\_

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**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: \_\_\_\_\_