(IFP PRO SE INSTRUCTIONS FOR THE PETITIONER: Write neatly and in ink. Fill in the names of the parties just as they are listed at the top of your custody pleading.) IN THE COURT OF COMMON PLEAS OF LAWRENCE COUNTY, PENNSYLVANIA Plaintiff(s) VS. No. \_\_\_\_\_ of \_\_\_\_, C.A. Defendant(s) PRO SE PETITION 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 the proceeding. 2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of this litigation. 3. I represent that the information below, relating to my ability to pay the fees and costs, is true and correct. (a) Name: \_\_\_\_\_ Social Security Number: Address: (b) Employment: If you are presently employed, state employer's name and address: Salary or wages per month: Type of work: If you are presently unemployed, state date of last employment: Salary or wages per month: Type of work: (c) Other income within the past twelve months: Business or profession: Other self employment: Interest: \_\_\_\_\_\_ Dividends: \_\_\_\_ Pension and Annuities: \_\_\_\_\_ Social Security Benefits: \_\_\_\_\_ Unemployment Compensation and Supplemental Benefits: \_\_\_\_\_ Workman's compensation: Public assistance: Other:

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(d) Other contributions to household su	pport:
(Wife) (Husband) Name:	
If your (wife) (husband) is employed	l, state name of employer:
Salary or wages per month:	Type of work:
Controllions from parents:	Contributions from children
Other contributions:	Constitution Cinidicin.
(e) Property owned:	
Cash: Checking account:	Savings account:
Continuates of Deposit	Stocke Honder
rear Estate (including nome):	
Motor Vehicle: Make:	Year:
Cost:	Amount owed:
Other:	7 miodin owed.
(f) Debts and obligations:	
Mortgage:	<b>T</b>
Loans.	Rent:
150ans	
Other:	
(g) Persons dependent upon you for supp	·
(Wife) (Husband) Name:	ort:
Names and ages of children:	
ramos and ages of emidren.	
4. I understand that I have a continuing o	bligation to inform the court of my
improvement in my financial circumstar	nces which would permit me to pay the costs
incurred herein.	the costs
5. I verify that the statements made in this	affidavit are true and correct. I understand
ulat laise statements herein are made su	bject to the penalties of 18 Pa C S A
Section 4904, relating to unsworn falsif	ication to authorities.
Date: Petitioner:	
Phone:	
Phone:	

		LAWF	E COURT OF RENCE COUN	TY, PENNS	SYLV.
Plaintiff (s)					C.A.
Defendant (s)			-		
	9	ORDER OF C	OURT		
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