

INSTRUCTIONS

IN FORMA PAUPERIS PETITION – CIVIL, FAMILY, ORPHANS’ COURT

Use this form for any Civil, Family and Orphans’ Court cases if you think you are unable to afford the costs of litigation.

Do not use this form for criminal matters or when filing a Petition for Expungement/Petition for an Order for Limited Access. Use either the *In Forma Pauperis* Petition-Criminal or the *In Forma Pauperis* -- Petition for Expungement/Petition for an Order for Limited Access forms.

Do not use this form if you are requesting a transcript at a reduced or no fee. Use the Petition to Waive Costs for all or a Portion of Transcript Costs forms.

If you have already been granted *In Forma Pauperis* status in this matter and are requesting a continuation of *In Forma Pauperis* status for purposes of an appeal, please follow the procedure set forth in Pa.R.A.P. 551 and 552.

***IT IS STRONGLY RECOMMENDED THAT YOU
CONSULT AN ATTORNEY***

DISCLAIMER

THE SELF HELP CENTER STAFF AND COURT STAFF ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THE PACKETS IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE DAUPHIN COUNTY LAWYER REFERRAL SERVICE AT (717) 232-7536.

INSTRUCTIONS FOR COMPLETING THE PETITION TO PROCEED *IN* *FORMA PAUPERIS* (IFP) AND ORDER

Use this form for any Civil, Family and Orphans' Court cases if you think you are unable to afford the costs of litigation.

Do not use this form for criminal matters or when filing a Petition for Expungement/Petition for an Order for Limited Access. Use either the *In Forma Pauperis* Petition-Criminal or the *In Forma Pauperis* -- Petition for Expungement/Petition for an Order for Limited Access forms.

Do not use this form if you are requesting a transcript at a reduced or no fee. Use the Petition to Waive Costs for all or a Portion of Transcript Costs forms.

If you have already been granted *In Forma Pauperis* status in this matter and are requesting a continuation of *In Forma Pauperis* status for purposes of an appeal, please follow the procedure set forth in Pa.R.A.P. 551 and 552.

To file any lawsuit you must pay a filing fee. However, it may be possible to have the filing fee waived if you can prove to the court that you cannot afford to pay the fee.

To do this, you must file a Petition to Proceed *In Forma Pauperis* (IFP). An IFP is simply a detailed list of your income and expenses. You must complete the IFP and file it at the same time that you file your Complaint or Petition at the Prothonotary's Office (Civil and Family Court matters) or the Register of Wills Office (Orphans' Court matters). The following are step-by-step instructions on how to fill out the IFP.

If you are an abuse victim and are filing a family law matter and do not want to reveal your contact information, you are not required to list your address, telephone number and email address but you must complete a Confidential Information Form (CIF) Abuse Victim Addendum and file this form with the Prothonotary at the same time you file the Petition. An abuse victim is defined as a person for whom a protection order has been granted by a Court. Write "See CIF Abuse Victim Addendum" on the paragraph instead of listing this information. The information contained on the CIF Abuse Victim Addendum will only be available to the Court and Court staff. If you print the IFP packet from the Self Help Center page of the Dauphin County website, the Confidential Information Form and the Confidential Information Form Abuse Victim Addendum are not included. You must print out these forms in accordance with the instructions appearing on the webpage.

ORDER

Complete the caption at the top left hand corner of the page. The filing office will assign a docket number to your case. This goes in the top right hand corner after "NO.". If your case has already been assigned a docket number, write this number on the order. Leave the rest of the order blank with the exception of the Distribution Line. On this line, write your name and complete mailing address.

PETITION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

1. As in your Complaint or Petition, print the full legal name of each party above "Plaintiff" and "Defendant." The Prothonotary's Office (for civil and family matters) or the Register of Wills Office (for Orphans' Court matters) will assign your case a docket number when you file the IFP along with the Complaint or Petition. If your case has already been assigned a docket number, write this number after "NO".
2. Sign and date the Petition for Leave to Proceed *In Forma Pauperis*.

AFFIDAVIT

Line 1 You are the Petitioner and stating that you cannot afford to pay the costs in this action.

Line 2 You are stating you are unable to borrow money to pay the costs in this action.

Line 3

- (a) List your name, address, telephone number and email address.
- (b) Check the correct box indicating whether you are currently employed.

If you checked "No", list your wages from your last employment and your type of work.

If you checked "Yes", list your employer's name, address, telephone number, amount of wages and type of work.

- (c) List any other income you received within the last twelve (12) months. **If an entry does not apply, simply check the box "none"**

- (d) List the amount of contributions to household expenses made by your spouse. **If you do not have a spouse or your spouse does not contribute to household expenses, simply check the box "none."**

List the amount of contribution to household expenses made by your parents. **If your parents do not contribute to household expenses, simply check the box "none."**

List the amount of contribution to household expenses made by your adult child(ren). **If your adult children do not contribute to household expenses, simply check the box "none."**

- (e) List any property you own and its value. **If you do not have any of the types of property listed, simply check the box "none."**

- (f) List any debts or obligations. **If you do not have any debts or obligations, simply check the box "none."**

Line 4 If you have a spouse who is dependent upon you for financial support, write their name. If you have children who are dependent on you for support, list the child's initials and age. **Do not** write their names or dates of birth.

List the other people in your household who depend on you for financial support and their relationship to you.

If you do not have a spouse or minor children dependent upon you for financial support, check the appropriate box.

Line 5 This statement means that you understand you must report any improvement in your financial situation to the Court.

Line 6 This statement means that you are providing accurate information and that you understand certain penalties can be imposed if you make false statements.

**FAILURE TO COMPLETE THIS FORM CORRECTLY
WILL SIGNIFICANTLY DELAY THE PROCEEDINGS.**
**MAKE TWO (2) COPIES OF THE COMPLETED FORM. THEREFORE, YOU WILL
HAVE THREE (3) TOTAL (THE ORIGINAL AND TWO (2) COPIES).**

Take the original and the copies to the Dauphin County Prothonotary's Office (for civil and family matters) or to the Register of Wills Office (for Orphans' Court

matters). Both offices are located on the first floor of the Dauphin County Courthouse, 101 Market Street, Harrisburg, PA 17101.

The filing office will date stamp your forms, will keep the original and one (1) copy and give you one copy for your records.

You will file the 'Petition to Proceed *In Forma Pauperis*' with the Complaint/Petition.

The 'Petition to *Proceed In Forma Pauperis*' will be reviewed by the Court and a hearing may be scheduled if the Court has questions concerning the information provided in the Petition.

IN FORMA PAUPERIS PETITION FORMS **– CIVIL, FAMILY, ORPHANS' COURT**

Use this form for any Civil, Family and Orphans' Court cases if you think you are unable to afford the costs of litigation.

Do not use this form for criminal matters or when filing a Petition for Expungement/Petition for an Order for Limited Access. Use either the *In Forma Pauperis* Petition-Criminal or the *In Forma Pauperis* -- Petition for Expungement/Petition for an Order for Limited Access forms.

Do not use this form if you are requesting a transcript at a reduced or no fee. Use the Petition to Waive Costs for all or a Portion of Transcript Costs forms.

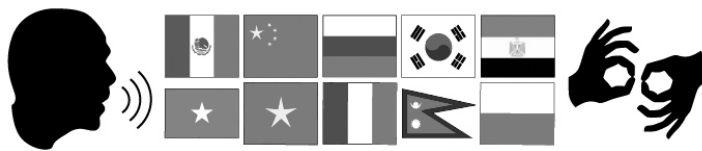
If you have already been granted *In Forma Pauperis* status in this matter and are requesting a continuation of *In Forma Pauperis* status for purposes of an appeal, please follow the procedure set forth in Pa.R.A.P. 551 and 552.

***IT IS STRONGLY RECOMMENDED THAT YOU
CONSULT AN ATTORNEY***

DISCLAIMER

THE SELF HELP CENTER STAFF AND COURT STAFF ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THE PACKETS IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE DAUPHIN COUNTY LAWYER REFERRAL SERVICE AT (717) 232-7536.

Notice of Language Rights



Language Access Coordinator
Dauphin County Court of Common Pleas
101 Market Street, 3rd Floor Court Administrator's Office
Harrisburg, PA 17101
interpreterrequest@dauphincounty.gov
(717) 780-6640

English: You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information provided at the top of this notice.

Spanish/Español: Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.

Mandarin/Cantonese Simplified Chinese/普通话/粤语简体中文: 您有权获得免费的口译员服务。若需要口译员，请使用本通知上方提供的联系信息通知法院工作人员。

Mandarin/Cantonese Traditional Chinese/普通話/廣東話繁體中文: 您有權要求免費傳譯服務。如欲要求傳譯服務，請參閱本通知頂部的聯絡資料，通知法庭職員。

العربية/Arabic: يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. لطلب مترجم، يُرجى إعلام موظفي المحكمة باستخدام معلومات الاتصال المقدمة في الجزء العلوي من هذا الإشعار.

Russian/Русский: У вас есть право на бесплатные услуги переводчика. Заявка на переводчика подается в суд по адресу, телефону или эл. почте, указанным выше в заголовке этого уведомления.

Vietnamese/Tiếng Việt: Quý vị có quyền được một thông dịch viên giúp mà không tốn chi phí nào cả, xin hãy báo cho nhân viên tòa án dùng thông tin liên lạc có ở trên đầu thông báo này.

Nepali/नेपाली: तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न, यस सूचनाको माथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

Korean/한국어: 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알리십시오.

Polish/Polski: Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

Pakistan/پنجابی/Punjabi: تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میربانی کر کے ایس نوٹس دے اوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔

Punjabi/ਪੰਜਾਬੀ/India: ਤੁਹਾਨੂੰ ਇਕ ਦੁਭਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਭਾਸ਼ੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਦਿੱਤੀ ਸੰਪਰਕ ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

Portuguese/Português: Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

Somali/Somaali: Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

Haitian Creole/Kreyòl Ayisyen: Ou gen dwa resevwa sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsònèl tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt avi sa a.

French/Français : Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.

Plaintiff

v.

Defendant

: IN THE COURT OF COMMON PLEAS
: DAUPHIN COUNTY, PENNSYLVANIA

: NO. _____

:

:

:

ORDER

AND NOW, this _____ day of _____, 20____, upon consideration of the *In Forma Pauperis* Petition filed by _____ on _____, 20____, it is Ordered:

- The Petition to Proceed *In Forma Pauperis* is **GRANTED**.
- A hearing on the *In Forma Pauperis* Petition is scheduled for _____ m. on _____, 20____ in Courtroom #____.
- Dauphin County Courthouse, 101 Market Street, Harrisburg, PA
- Juvenile Justice Center, 7th Floor, 25 South Front Street, Harrisburg, PA

Petitioner shall bring any and all supporting documents, including but not limited to paystubs, bank statements and bills to the hearing.

BY THE COURT:

Judge

Distribution:

Plaintiff

v.

Defendant

: IN THE COURT OF COMMON PLEAS
: DAUPHIN COUNTY, PENNSYLVANIA

:
: NO. _____
:
:
:
:

PETITION TO PROCEED *IN FORMA PAUPERIS*

TO THE HONORABLE COURT:

I hereby certify that I am without financial resources to pay the fees and costs associated with my case and therefore request to proceed *In Forma Pauperis*. In support of my Petition, I attach an *Affidavit* which fully and truthfully describes my current income and financial condition.

WHEREFORE, I request to proceed *In Forma Pauperis*, without the need to pay fees and costs in the above-captioned case. I verify that the statements made in this Petition are true and correct. I understand that false statements made are subject to the criminal penalties under 18 Pa.C.S. §4904 (crime of unsworn falsification to authorities).

Respectfully submitted,

Date

Signature of *In Forma Pauperis* Petitioner

AFFIDAVIT

READ BEFORE ANSWERING: YOU MUST ANSWER EVERY QUESTION. IF THERE IS NO AMOUNT TO BE ENTERED, YOU SHOULD CHECK THE BOX 'NONE'.

1. I am the Petitioner and because of my financial condition, I am unable to pay the fees and costs in this case.
2. I am unable to obtain funds from anyone, including my family and friends, to pay the fees and costs of litigation.
3. **I represent that the information below relating to my ability to pay fees and costs is true and correct:**

(a) Name: _____ Email: _____ or NONE
Address: _____ Telephone: _____

For Family Law matters only: If you are an abuse victim and the other party is the abuser and you want your contact information confidential, write "See CIF Abuse Victim Addendum".

(b) **Employment:**

Are you currently employed: YES NO

If you answered 'NO', complete the following:

Date of your last day of employment: _____

Salary or wages: \$ _____ Type of work: _____

If you answered 'YES', complete the following:

Employer or Self Employed: _____

Employer Address: _____

Telephone: _____ Email: _____

For Family Law matters only: If you are an abuse victim and the other party is the abuser and you want your contact information confidential, write "See CIF Abuse Victim Addendum".

Gross salary or wages (**before taxes**): _____ (Circle One) weekly/bi-weekly/monthly

Do not use the amount of your paycheck.

Type of work: _____

(c) **Other income** within the past twelve (12) months

Self-employment income: \$ _____ (Circle One) weekly/bi-weekly/monthly or NONE

Interest and Dividends: \$ _____ or NONE

Pensions and annuities: \$ _____ (Circle One) weekly/bi-weekly/monthly or NONE

Social Security benefits per month: \$ _____ or NONE

Spousal or Child Support payments **received** weekly: \$ _____ or NONE

Disability payments monthly: \$ _____ or NONE

Unemployment/Workers' Compensation weekly: \$ _____ or NONE

Public Assistance monthly: \$ _____ or NONE

Other: \$ _____ or NONE

(d) (1) **Contributions** to household expenses by husband/wife:

Name(s): _____ or NONE

Is your husband/wife employed? YES NO

Employer: _____

Gross salary or wages (**before taxes**): _____ (Circle One) weekly/bi-weekly/monthly

Do not use the amount of their paycheck.

Type of work: _____

Other contributions to household expenses: \$ _____ or NONE

(2) **Contributions** to household expenses by parents:
\$ _____ or NONE

(3) **Contributions** to household expenses by adult children:
\$ _____ or NONE

(e) **I own the following:**

Cash: \$ _____ or NONE Checking account: \$ _____ or NONE
Savings account: \$ _____ or NONE Certificates of deposit: \$ _____ or NONE
Stocks and bonds: \$ _____ or NONE
Real estate (including home): Value \$ _____ Mortgage \$ _____ or NONE
Motor vehicle: Make/Year: _____ Cost: \$ _____
 Amount Owed: \$ _____ or NONE
Other: \$ _____ or NONE

(f) **I have the following debts and obligations:**

Mortgage: _____ (monthly) or NONE
Rent: _____ (monthly) or NONE
Car Loan: _____ (monthly) or NONE
Personal Loan: _____ (monthly) or NONE
Cable: _____ (monthly) or NONE
Cell Phone: _____ (monthly) or NONE
Insurance: _____ (monthly) or NONE
Utilities: _____ (monthly) or NONE
Credit Cards: _____ (monthly) or NONE
Spousal or Child Support payments **paid** weekly: \$ _____ or NONE
Other: _____
 or NONE

4. Persons who are dependent upon me for financial support:

Wife/Husband: Name _____
Child: Initials: _____ Age: _____
Child: Initials: _____ Age: _____
Child: Initials: _____ Age: _____
Child: Initials: _____ Age: _____
Child: Initials: _____ Age: _____
Child: Initials: _____ Age: _____
Other: Name _____ Relationship to Petitioner: _____

or I do not have a wife/husband dependent upon me for financial support.

or I do not have minor children dependent upon me for financial support.

5. **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 fees and costs. I understand that if my Petition is approved, the Order only allows the waiver of fees and costs included in the Order for this filing and that I must file a new *In Forma Pauperis* Petition and Affidavit for any future filings in this case.**

READ BEFORE ANSWERING: YOU SHOULD NOW REVIEW EVERY LINE TO MAKE SURE THAT EVERY QUESTION IS ANSWERED. FAILURE TO COMPLETE THIS FORM CORRECTLY WILL DELAY THE PROCEEDINGS.

6. I verify that the statements made in this Petition and Affidavit are true and correct. I understand that false statements made are subject to the criminal penalties of 18 Pa.C.S. § 4904 (crime of unsworn falsification to authorities).

Date

Signature of *In Forma Pauperis* Petitioner

Print Name of *In Forma Pauperis* Petitioner

CERTIFICATION

I, _____, certify that this *In Forma Pauperis Petition* complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Date

Signature of *In Forma Pauperis* Petitioner

Print Name of *In Forma Pauperis* Petitioner