

# 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

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

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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.

Please DO NOT check both employed and unemployed.

- (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 or partner 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, partner, 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.

**PLEASE FILL OUT THESE FORMS COMPLETELY.**  
**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**

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\_\_\_\_\_  
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, 7<sup>th</sup> 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 or an hourly rate.**

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/partner:  
Name(s): \_\_\_\_\_ or  NONE  
Is your husband/wife/partner employed?  YES  NO  
Employer: \_\_\_\_\_  
**Gross salary or wages (before taxes):** \_\_\_\_\_ (Circle One) weekly/bi-weekly/monthly  
**Do not use the amount of their paycheck or an hourly rate.**  
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/Partner: 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/partner 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 which require a filing fee.**

**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