

# **INSTRUCTIONS**

## ***IN FORMA PAUPERIS PETITION -- CRIMINAL***

Use this form if you are filing a Petition or Motion in a criminal case that is **NOT** a Petition for Expungement or a Petition for an Order for Limited Access and you think you are unable to afford the costs of litigation.

Do not use this form if you are filing a Petition for Expungement/Petition for an Order for Limited Access. Use the *In Forma Pauperis -- Petition for Expungement/Petition for an Order for Limited Access* form.

Do not use this form for Civil, Family, and Orphans' court matters. Use the *In Forma Pauperis* Petition -- Civil, Family and Orphans' Court form.

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 form.

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 PUBLIC DEFENDER'S OFFICE AT (717) 780-6370.

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

**Use this form if you are filing a Petition or Motion in a Criminal matter and you think you are unable to afford the costs of litigation.**

**Do not use this form** if you are filing a Petition for Expungement or a Petition for an Order for Limited Access or Civil, Family or Orphans' Court matters. Use either the *In Forma Pauperis* Petition – Expungement or an Order for Limited Access or the *In Forma Pauperis* – Civil, Family, Orphans' Court 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.

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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 criminal motion or petition in the Clerk of Courts' Office. The following are step-by-step instructions on how to fill out the IFP.

### **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.". 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 Petition, print your full legal name above "Defendant." Write your docket 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, email address, 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 Clerk of Courts Office, 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 Petition or Motion.

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.

# FORMS

## ***IN FORMA PAUPERIS PETITION -- CRIMINAL***

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Commonwealth of Pennsylvania

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

v.

: NO. \_\_\_\_\_

\_\_\_\_\_  
Defendant

**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:

\_\_\_\_\_

Commonwealth of Pennsylvania

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

v.

: NO. \_\_\_\_\_

\_\_\_\_\_  
Defendant

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

(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: \_\_\_\_\_

**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