## IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA CIVIL COURT DIVISION

	Plaintiff	)	NO.
VS	i iairiuii	)	CUSTODY
	Defendant	)	ASSIGNED JUDGE:

## PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

TO THE HC	NORABLE, THE JUDGES OF SAID COURT:			
	of respectfully represents:			
1. Iam am u	the plaintiff/defendant in the above matter and because of my financial condition unable to pay the fees and costs of prosecuting or defending the action or eeding.			
	. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.			
•	3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:			
(a)	Name:  Address is confidential:  Yes  No  If Yes (please check one)  Address Confidentiality Program Final PFA Order  ACP code:  Case Number			
(b)	SSN#:  Employment:  If you are presently employed state  Employer:  Address:  Salary or wages per month:  Types of work:			

## If you are presently **unemployed**, state

	Date of last employment:
	Salary or wages per month:
	Type of work:
(c)	OTHER INCOME WITH THE PAST TWELVE MONTHS
	Business or profession:
	Other self-employment:
	Interest:
	Dividends:
	Pension and annuities:
	Social Security Benefits:
	Support payments:
	Disability payments:
	Unemployment compensation and supplemental benefits:
	Workman's compensation:
	Public assistance:
	Other:
(d)	Other contributions to household support
	Wife's/Husband's Name:
	If your wife/husband is employed, state:
	Employer:
	Salary or wages per month:
	Type of work:
	Contributions from children:
	Contributions from parents:
	Other contributions:

(e)	Cash:					
	Savings account: Certificates of deposit:					
	Real estate (including home):					
	Motor Vehicle:				Year	
					\$	
	Stocks; bonds: _					
(f)	Debts and obligat	ions per month	:			
	Mortgage/Rent:					
	Utilities (phone, e	lectric, et cetera	a):			
	Loans (car payme	ents, credit card	ls, et cetera): _			
	Car Insurance/Ma	aintenance:				
	Child Support: _					
	Child Care:					
	Food:					
	Other:					
(g)	Persons dependa	int upon you for	support			
	Wife's/Husband's	Name:				
	Children, if any: (	Please use chi	ld/ren's initial	s)		
	Name: (	Initials)	Age:			
			Age:			
			Age:			
			Age:			
	Other person: (P	ease use initia	ls for minor c	hildren.)		
	Name:					
	Relationship:					

- 4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.
- 5. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

**WHEREFORE**, Petitioner respectfully prays that the Honorable Court allow the petitioner to proceed in forma pauperis.

Date	Petitioner
	CERTIFICATE OF COMPLIANCE
I certify that this filing	complies with the provisions of the Public Access Policy of the Unified
Judicial System of Pennsylva	nia: Case Records of the Appellate and Trial Courts that require filing
confidential information and de	ocuments differently than non-confidential information and documents.
	Submitted by:
	Signature:
	Name:
	Attorney No. (if applicable):