

IN THE COURT OF COMMON PLEAS
BUCKS COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

IN RE:

File No.:

Affidavit to Proceed In Forma Pauperis

1. I am the _____ in the above matter and because of my financial condition am unable to pay the fees and costs of the action or proceeding.
2. 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: _____

Social Security Number: _____

b.) Employment

If you are presently employed, state:

Employer: _____

Address: _____

Salary or wages per month: _____

Type of work: _____

If you are 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: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and supplemental benefits: _____

Workman's Compensation: _____

Public assistance: _____

Other: _____

d.) Other contributions to household support

Spouse's Name: _____

If your spouse is employed, state:

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

e.) Property owned

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real Estate (including home): _____

Motor Vehicle: Make _____ Year _____

 Cost _____ Amount Owed \$ _____

f.) Debts and obligations

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

g.) Persons dependent upon you for support

Spouse's Name: _____

Children, if any:

Name: _____ Age: _____

Other Persons

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 16 Pa.C.S. §4904 relating to unsworn falsification to authorities.

DATE: _____

Petitioner

Address: _____

Telephone Number: _____
