

IN FORMA PAUPERIS

How to ask to be excused from paying court costs

Normally, when you start a case in court, you have to pay various costs and fees, such as (a) a fee for starting the case, called a "filing fee," and (b) a fee for having the Sheriff serve the necessary court papers on the other party in the case. There are additional costs which may be required for other pleadings or actions in a case, as well.

However, under Pennsylvania law, a person can be excused from paying those fees if the person is "without financial resources to pay the costs of litigation..." The technical name for this status is "*in forma pauperis*" or IFP.

In order to ask for IFP status, you must file a "PETITION AND AFFIDAVIT TO PROCEED IN FORMA PAUPERIS" with the Court, in which you give the Judge detailed information about your financial situation. The required form is attached to these instructions, along with a form order for the Judge. The current fee schedule for the Prothonotary's Office can be found at www.chesco.org/courts.

Please fill out the attached form Petition completely;

1. Unless yours is the very first pleading in a case, complete the caption [the title of your case] exactly as it appears on all of the pleadings in your case. The caption does not change when someone becomes a petitioner or a respondent.
2. Make sure the financial information is complete and all requested documentation is provided. There must be an answer on EVERY line. Even if a line does not apply to you or the answer is "nothing," then you must write a zero on the line. **If any line is left blank, the petition will be denied.**
3. The proposed Order granting/denying your petition must be attached to your pleading. Make sure the caption is filled in.
4. Attach a copy of the pleading you intend to file for which you are seeking a waiver of fees.
5. Sign and date the petition. Note: You are verifying that the information you are providing is true and correct and subject to penalties if not true and correct.
6. File the petition with the Prothonotary. Leave an extra copy with the Prothonotary and keep a copy for yourself.
7. **Be certain the petition includes your phone number because the Prothonotary's office will call you to pick up the order when it is completed by the Judge.**

After the Judge reviews the papers, she or he will enter an order, either granting or denying you permission to proceed IFP.

1. If your petition is granted, you will not have to pay the filing fee, service fee, or other "cost of litigation" specifically listed in the order. **NOTE: You will have to file another Petition with supporting documents for any additional fee waiver requests, even in the same case.**
2. If your petition is denied, you will be responsible to pay such costs/fees and you will be given 15 days by which to pay the costs or your case will not proceed. You may not take any action on your case until the fees/costs are paid and failure to do so may result in your matter being terminated.

Court personnel and county employees are *not* permitted to help you fill out these papers or give you legal advice.

IFP CHECKLIST

Before you submit your Petition to Proceed *In Forma Pauperis*, make sure you attach copies of:

- Most recent income tax return with W-2's for you and any adult who resides with you
- Most recent year-to-date paystub for you and any adult who resides with you
- Letter of grant/denial of unemployment or worker's compensation
or
- Statement of unemployment compensation or worker's compensation
- Statement regarding all other forms of income or benefits as set forth in 3(b) of Petition.
- Copy of your medical/access card
- Bank statements for the last three months
- Proof of all bills and/or debts listed in 3(h) of Petition
- The pleading you going to file for which you are seeking a waiver of fees

REMEMBER: FAILURE TO ANSWER ALL QUESTIONS AND PROVIDE ALL REQUIRED DOCUMENTATION WILL RESULT IN A DENIAL OF YOUR IFP PETITION

Plaintiff

IN THE COURT OF COMMON PLEAS

CHESTER COUNTY, PENNSYLVANIA

v.

Defendant

DOCKET NO. _____

ORDER

AND NOW, this ____ day of _____, on consideration of the application of _____ for leave to proceed *in forma pauperis* verified in support thereof, it is hereby **ORDERED** that said application is **GRANTED** and he/she shall not be required to pay the following fees and costs [*state specific fee or cost to be waived*]:

This grant of *in forma pauperis* is for the above fee(s)/cost(s) only. A separate Petition and supporting documents must be filed for any additional fee waiver requests.

BY THE COURT:

J.

AND NOW, this ___ day of _____, on consideration of the application of _____ for leave to proceed *in forma pauperis*, it is hereby **ORDERED** that said application is **DENIED** and said Petitioner shall pay the filing costs/fees as required by the Prothonotary within fifteen (15) days of the date of this Order.

The Petitioner may not, without leave of court, take any further steps in this action or appeal while the costs/fees remain unpaid. Thereafter, the Prothonotary shall enter a judgment of non pros in this action or strike the appeal for failure to timely pay the costs/fees. The action or appeal shall be reinstated only by this court for good cause shown.

BY THE COURT:

J.

Plaintiff,

v.

Defendant.

IN THE COURT OF COMMON PLEAS

CHESTER COUNTY, PENNSYLVANIA

Docket Number: _____

PETITION AND AFFIDAVIT TO PROCEED *IN FORMA PAUPERIS*

1. I, _____, am the Petitioner in the above-captioned matter and because of my financial condition am unable to pay the following fees or cost of prosecuting or defending this action or proceeding. [*State the specific filing fee or cost which you are seeking to have waived currently*] **SELECT ONE:**

Civil Court Fees:	Commencement of action/complaint	\$	_____
	Judgment/Liens	\$	_____
	Petitions	\$	_____
	Appeals	\$	_____
	Other: (type) _____	\$	_____

Family Court Fees:	Divorce:	Complaint	\$	_____
		Appointment of Master	\$	_____
		Other _____	\$	_____
	Custody:	Complaint	\$	_____
		Petition to Modify	\$	_____
		Contempt	\$	_____
		Mediation Fees	\$	_____
	Protection from Abuse	\$	_____	
	Other: (type) _____	\$	_____	

2. I am unable to obtain funds from anyone, including my family and associates, to pay the cost of litigation.

3. I represent that the information below relating to my ability to pay the fees and cost is true and correct.

(a) Name: _____
 Address: _____
 Phone: _____

(b) Employment

If you are presently employed, state:

Employer: _____

Address: _____

Salary or wages \$ _____ per

Type of work: _____

Attach your most recent pay stub showing year to date.

If you are presently unemployed, state:

Date of last employment: _____

Salary or wages you earned: \$ _____ per _____

Type of work: _____

Reason for unemployment: _____

Attach your letter of grant/denial of unemployment compensation or workers compensation benefits. If receiving unemployment compensation/workers compensation, attach benefits statement.

Attach a copy of your last year's W-2 forms and your last filed income tax returns (state and federal).

(c) Other income/benefits within the past twelve months:

Business or profession: \$ _____

Other self-employment: \$ _____

Interest: \$ _____

Dividends: \$ _____

Pension and annuities: \$ _____

Veterans Benefits: \$ _____

Social Security Benefits: \$ _____

Child Support payments: \$ _____

Alimony/Spousal payments: \$ _____

Disability payments: \$ _____

Unemployment compensation and supplemental benefits: \$ _____

Workers' Compensation: \$ _____

Public Assistance: \$ _____

Food Stamps: \$ _____

Medical Assistance: \$ _____

Other: \$ _____

Attach copies of your most recent statements for any of the above income/benefits you receive, including a copy of your Medical/Access Card.

(d) Other adults residing in your household:

1. Name: _____ Relationship: _____

Employer: _____

Employer's address: _____

Salary or wage \$ _____ per _____

Type of work: _____

2. Name: _____ Relationship: _____

Employer: _____

Employer's address: _____

Salary or wages \$ _____ per _____

Type of work: _____

Attach a copy of most recent W-2 form and most recent pay stub showing year to date earnings of all adults residing in your home.

- (e) Other contributions to the household finances where you reside:
Contributions from your children: \$ _____ per _____
Contributions from your parents: \$ _____ per _____
Other contributions: from whom/relationship: _____
\$ _____ per _____

(This includes payments made by any member of the household for living expenses, including , but not limited to, mortgage, rent, utilities, food, etc.)

Attach a notarized statement from the adult persons with whom you live indicating the type and amount of contributions/support he/she provides to the household.

- (f) Property Owned:
Cash: \$ _____
Checking account: \$ _____ Name of Bank _____
Savings account: \$ _____ Name of Bank _____
Certificates of Deposit: \$ _____
Real estate (including home, land mobile home): i. Address: _____

- ii. Approximate Fair Market Value: _____
Motor vehicle (make/model): _____ Year: _____ Cost: \$ _____
Amount Owed (by others to you): \$ _____
- Stocks/Bonds: \$ _____
IRAs/401K plans/other retirement plans: _____
Antiques, livestock, boats, travel trailers, sports equipment, etc. \$ _____

- Other: \$ _____

Attach copies of all account statements for the last three months.

- (g) Debts and obligations (monthly):
Mortgage (principal & interest & taxes): \$ _____
Rent: \$ _____
Loans (ie. car, student loans, etc.) (identify amount, type of loan and lender):
\$ _____

- Electric: \$ _____ Gas: \$ _____
Water/Sewer: \$ _____ Trash: \$ _____
Telephone: \$ _____ Cell phone: \$ _____
Cable TV &/or Internet: \$ _____
Food: \$ _____ Toiletries: \$ _____
Cleaning Supplies, Laundry: \$ _____
Clothing: \$ _____

Gasoline/oil/carmaintenance: \$ _____
Car Insurance: \$ _____
Transportation (ie. Bus/train/parking): \$ _____
Health Insurance: \$ _____
Medical Expenses not covered by DPW/insurance: _____
Child Support payable: _____
Spousal Support payable: \$ _____ Alimony: _____
Other: \$ _____

Attach proof of all bills and expenses, including rent receipts or mortgage statement/payment book.

(h) Persons dependent upon you for support, if any:
Children, if any: Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Other persons: Name: _____ Age: _____
Relationship: _____
Name: _____ Age: _____
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 cost incurred herein.

5. I further understand that, if my petition is approved, the Order shall allow only for the waiver of the one filing fee/cost for this action and waiver of any other costs will require the filing of another petition and affidavit with supporting documentation.

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

Name: _____

Address: _____

Telephone Number: _____

Email address: _____

Date

Signature _____