

: IN THE COURT OF COMMON PLEAS

: SUSQUEHANNA COUNTY, PA

: NO. - CP

**AFFIDAVIT IN SUPPORT OF A PETITION FOR LEAVE TO PROCEED IN FORMA
PAUPERIS**

1. I am the applicant in the above matter.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs in this matter and I represent that the information below relating to my ability to pay the fees and costs is true and correct:

a. Name: _____
Daytime Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____

b. Employer (if you are presently employed, state)

Employer: _____
Address: _____
Salary or wages per month: \$ _____ Type of work: _____

Unemployment

(if you are presently 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:	Disability Payments:
Other Self-Employment:	Workman's Compensation:
Interest:	Public Assistance:
Dividends:	Unemployment Compensation:
Pension and annuities:	Supplemental benefits:
Social Security Benefits:	Other:
Support Payments:	

d. Other contributions to household support

Spouse's Name: _____ (if you spouse is employed, state)
Employer: _____
Address: _____
Salary or wages per month: \$ _____ Type of work: _____
Contributions from children: \$ _____ Contributions from parents: \$ _____

e. Property Owned

Cash: _____ Checking Account: _____ Savings Account: _____
Certificates of Deposit: _____ Real Estate Value (including home): _____

Motor Vehicle

Make: _____ Year: _____ Cost: _____ Amount owed: _____

Stock Bonds: _____ Other: _____

f. Debts and Obligations

Mortgage: _____ Rent: _____

Loans: _____

Other: _____

g. Persons dependent on you for support

Spouse's name:

Children (if any)

Name	Age
_____	_____
_____	_____
_____	_____

Other persons

Name: _____ Relationship: _____

3. I understand that I have continuing obligation to inform the Court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.
4. 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. §4904, relating to unsworn falsification to authorities.

Petitioner's Name Printed

Signature of Petitioner