

**INSTRUCTIONS FOR COMPLETING:  
AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED  
'IN FORMA PAUPERIS' (IFP) [CIVIL & FAMILY LAW CASES]**

IF YOU FEEL THAT YOU CANNOT AFFORD THE FILING FEES AND COSTS ASSOCIATED WITH YOUR CASE, YOU MAY COMPLETE THE ATTACHED FORM AND FILE IT WITH THE PROTHONOTARY'S OFFICE, 230 EAST MARKET ST., CLEARFIELD, PA 16830. THIS FORM IS TO BE FILED, AND A RESPONSE RECEIVED FROM THE JUDGE EITHER GRANTING OR DENYING YOUR PETITION, BEFORE PROCEEDING WITH A CIVIL CASE. IF, HOWEVER, YOU FILE THIS AT THE SAME TIME AS YOUR CIVIL CASE, THIS FORM WILL BE PROCESSED BEFORE YOUR CIVIL CASE IS SCHEDULED FOR A HEARING.

Legibly enter all information in the blanks on all pages of the Petition, Verification, and Consent forms. Sign and date the Verification and Consent forms.

1. On the 'ORDER' form, enter the plaintiff and defendant names, but leave the remainder of the form blank. It will be filled in and signed by the judge.
2. Bring the **completed** form to the Prothonotary's Office, along with two copies and a stamped, self-addressed envelope.
3. You will receive certified copies of your petition, using the envelope you have provided, indicating if the Petition has been 'GRANTED' or 'DENIED'.

_____	:	<b>Civil Case #:</b>
Plaintiff(s)	:	
vs.	:	NO. _____ - _____ -CD
	:	
	:	
_____	:	
Defendant(s)	:	
	:	

**AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED  
'IN FORMA PAUPERIS'**

1. I am the (Plaintiff ) (Defendant) in the above matter and because of my financial condition I am unable to pay the fees and costs of prosecuting or defending the action or proceeding.
  
2. I am unable to obtain funds from anyone, including my family, friends and associates, to pay the costs of litigation.
  
3. I represent that the information below relating to my ability to pay the costs and fees is true and correct.

**a. Name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Phone Numbers: (home & cell)** \_\_\_\_\_

**b. Date of last employment** \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Salary: \$\_\_\_\_\_ (or) Wages: \$\_\_\_\_\_ (per hour) (per week)

**Number of hours worked per week:** \_\_\_\_\_

Type of Work \_\_\_\_\_

**c. Other income:**

Business / Profession	\$ _____
Self-Employment	\$ _____
Interest	\$ _____
Dividends	\$ _____
Pension	\$ _____
Annuities	\$ _____
Social Security Benefits	\$ _____
Support Payments	\$ _____
Disability Payments	\$ _____
Unemployment Compensation / Supplements Benefits	\$ _____
Worker's Compensation	\$ _____
Public Assistance	\$ _____
Food Stamps	\$ _____
Other	\$ _____

**d. Other contributions to my household support (please circle):**

Name of Spouse, Boyfriend / Girlfriend, or Roommate / Housemate:

\_\_\_\_\_  
Employer \_\_\_\_\_

Salary / wages per month \$ \_\_\_\_\_

Type of Work \$ \_\_\_\_\_

Contributions from my child(ren) \$ \_\_\_\_\_

Contributions from my parent(s), family members, or  
any other individuals \$ \_\_\_\_\_

**e. Property owned:**

Cash \$ \_\_\_\_\_

Checking Account \$ \_\_\_\_\_

Savings Account \$ \_\_\_\_\_

Certificates of Deposit \$ \_\_\_\_\_

Real Estate (including home) \$ \_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

rev. 10-11-2017

Motor Vehicle(s) – Make \_\_\_\_\_  
Year \_\_\_\_\_  
Cost \$ \_\_\_\_\_  
Amount owed \$ \_\_\_\_\_  
Stocks, bonds \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**f. I have the following debts:**

Utilities: \$ \_\_\_\_\_ Explain: \_\_\_\_\_  
\$ \_\_\_\_\_ Explain: \_\_\_\_\_  
\$ \_\_\_\_\_ Explain: \_\_\_\_\_  
Cell Phone \$ \_\_\_\_\_ Explain: \_\_\_\_\_  
Groceries: \$ \_\_\_\_\_ Explain: \_\_\_\_\_  
Rent/Mortgage \$ \_\_\_\_\_ Explain: \_\_\_\_\_  
Loan(s) \$ \_\_\_\_\_ Explain: \_\_\_\_\_  
Auto Expense \$ \_\_\_\_\_ Explain: \_\_\_\_\_  
Child Care \$ \_\_\_\_\_ Explain: \_\_\_\_\_  
Miscellaneous \$ \_\_\_\_\_ Explain: \_\_\_\_\_

**g. Person(s) dependent upon you for support:**

Wife / Husband's name: \_\_\_\_\_  
Children, if any: \_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_

Other person(s) dependent upon you:

Name:	Relationship:
_____ age _____	_____
_____ age _____	_____
_____ age _____	_____

I understand that I have a continuing obligation to inform the Court of improvements in my financial circumstances which would permit me to pay the costs incurred herein.

**VERIFICATION**

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, having filed with the Court an Affidavit requesting In Forma Pauperis standing, hereby consent to the release of any information which may be requested by the Judges of the Court of Common Pleas of Clearfield County, or by any employee of the Court Administrator's Office acting on the behalf and at the direction of any said Judge, relating to any employment compensation, Worker's Compensation, Social Security, Department of Public Welfare or Black Lung benefits which I may receive from any county, state or federal agency which administers or handles processing of any of the above described benefits. This consent shall also authorize the release to the said Court or designee of any information as to any compensation I am receiving, or have received in the past twelve (12) months, from any full or part-time employment of any type whatsoever.

This consent shall remain in effect for a period of twelve (12) months herefrom.  
A copy or FAX of this release shall have the same legal effect as the original.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Board of Assistance Number (food stamps, etc.): \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

rev. 10-11-2017

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Other Parties Involved: \_\_\_\_\_  
\_\_\_\_\_

Reason For Filing This Petition (Write a brief description of your financial problem(s); please be specific. Failure to do so could result in your request being delayed or denied.)  
[Example: request for filing fee or Mediation Conference fee to be waived due to your inability to submit the required fee because.....]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Action: (Please specify what type of action you are pursuing through this application; example: divorce, custody, District Justice appeal, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

rev. 10-11-2017

\_\_\_\_\_  
Plaintiff(s)  
vs. NO. \_\_\_\_ - \_\_\_\_ -CD  
\_\_\_\_\_  
Defendant(s)

ORDER

NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon  
consideration of the foregoing Affidavit in Support of Petition to Proceed ‘in Forma  
Pauperis’, it is the ORDER of this Court that said Petition is GRANTED / DENIED.

If the Petition is GRANTED, Filing / Mediation Conference Fee is hereby  
WAIVED.

By the Court,

\_\_\_\_\_  
JUDGE