_____	:	COURT OF COMMON PLEAS OF
PLAINTIFF	:	INDIANA COUNTY PENNSYLVANIA
	:	
v.	:	
	:	
_____	:	No. _____
DEFENDANT		

APPLICATION TO WAIVE FEES AND COSTS

Party Name: _____
First *Middle* *Last*

Residence: _____

City, State, Zip: _____

☐ Check the box if you are currently without a house or apartment.

Do you currently receive one or more of the following public benefits?

- Supplemental Nutrition Assistance Program (SNAP) (food stamps)
- Medicaid
- Supplemental Security Income (SSI) (Not Social Security Disability Insurance (SSDI))
- Temporary Assistance to Needy Families (TANF)
- Public Housing or Section 8 Housing
- Needs-Based VA Pension
- Low-Income Energy Assistance
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Other need-based federal, state, or local program: _____
Name of program

☐ Yes ☐ No

If you answered "Yes," skip the remainder of the form and sign'/date the VERIFICATION

I am providing the following information about people who live with me:

I support _____ adult children, who are incapable of self-support due to a physical or mental disability.

I support _____ children under 18.

GROSS MONTHLY INCOME (income before paying taxes and other deductions):

$_____ monthly gross wages. I work as a _____
job title/description
for _____.
name of employer

$_____ unemployment compensation. I have been unemployed since _____. My last employer was _____.
date *name of employer*

$_____ money received from other people.

$_____ ☐ Retirement/Pension ☐ Disability
☐ Workers Comp ☐ Social Security
☐ Child/Spousal Support ☐ Other Sources:
_____
describe sources

$_____ Total monthly gross income

ASSETS (Current Value):

$_____ Cash

$_____ Bank accounts or other financial assets

$_____ Primary vehicle

$_____ Other vehicles

$_____ House

$_____ Other real estate

$_____ Other Property: _____
_____
_____
describe

$_____ Total value of property

MONTHLY EXPENSES YOU PAY:

$_____ Rent/mortgage payment

$_____ Food and household supplies

$_____ Utilities, including cell phone

$_____ Clothing and other personal expenses

$_____ Medical and dental expenses/insurance

$_____ Child care

$_____ Transportation, including car payments and repairs

$_____ Child and spousal support or alimony

$_____ Other Expenses _____

_____

_____

describe

$_____ Total monthly expenses

Are there any other facts that you would like the court to know about your circumstances that may help the court decide whether to grant your application, such as you are experiencing homelessness or you have health issues?

_____

_____

_____

_____

VERIFICATION

I understand that I have a continuing obligation to inform the court of an improvement in my financial circumstances that would permit me to pay the fees and costs in this case. If I fail to inform the court of any changes in my circumstances, I understand that the court may rescind the waiver of fees and costs and order me to pay those fees and costs.

I verify that the statements made in this application 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 Party's Signature

IN THE COURT OF COMMON PLEAS OF INDIANA COUNTY, PENNSYLVANIA

_____, :

PLAINTIFF(S), :

vs. : No. _____

_____, :

DEFENDANT(S). :

ORDER OF COURT

AND NOW, this _____ day of _____, 20____, after careful review of the Petition to Proceed In Forma Pauperis and the accompanying Application, it is hereby ORDERED, ADJUDGED, AND DECREED that the Petition to Proceed In Forma Pauperis is:

_____ GRANTED. Provided, however, that Petitioner shall have the continuing obligation to inform the Court of improvement of financial circumstances that would enable Petitioner to pay the fees and costs incurred in this matter.

_____ DENIED. Reason for the denial: _____

_____.

Petitioner shall pay the filing fees within thirty (30) days from the date of this Order or the action will be terminated without further notice.

BY THE COURT:

_____

J.