

COMMONWEALTH OF PENNSYLVANIA

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COURT OF COMMON PLEAS OF
INDIANA COUNTY PENNSYLVANIA

v.

No. _____ CRIM _____

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	_____

		<i>describe</i>
\$ _____	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.