

IFP FORM

Instructions

If you want to file a **Complaint or Appeal**, and you cannot afford the filing fee, you will need to fill out an **IFP Form**.

Please be sure to read these instructions as carefully as you can. If you have any trouble understanding them, get someone to help you.

Step 1. using the **SAMPLE IFP FORM** on page 2 as a guide, fill out the **IFP FORM** as follows (**please type or print neatly**):

(1) If you are the Plaintiff (if you are suing someone), put your name here. If you are the Defendant (if someone is suing you), insert the name of the Plaintiff,

(2) If you are the Plaintiff, insert the name of the person you are suing. If you are the Defendant, put your name here.

(3) Put your name here.

(4) Indicate whether you are a Plaintiff or Defendant.

(5) Sign your name.

(6) and (7) Insert your name and the name of the opposing party, as you did on lines (1) and (2).

(8) Indicate whether you are a Plaintiff or Defendant.

(9) Answer everything that applies to you.

(10) Sign your name and insert the date.

O R D E R

(1) Plaintiff's name.

(2) Defendant's name.

Step 2. File the completed **IFP Form** along with your **Complaint or Appeal**.

IN THE COURT OF COMMON PLEAS OF MERCER COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

(1) _____,	:	
Plaintiff	:	
	:	
vs.	:	No.
	:	
(2) _____,	:	
Defendant	:	

PRAECIPE TO PROCEED IN FORMA PAUPERIS

To the Prothonotary:

Kindly allow (3) _____, the (4) _____ in
this matter to proceed In Forma Pauperis.

I, hereby certify that I am unable to pay the costs associated with this action. My affidavit
showing inability to pay the costs of litigation is attached hereto.

Respectfully submitted:

(5) _____
Petitioner, Pro-Se

IN THE COURT OF COMMON PLEAS OF MERCER COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

<u>(6)</u> _____	:	
Plaintiff	:	
	:	
vs.	:	No.
	:	
<u>(7)</u> _____	:	
Defendant	:	

AFFIDAVIT TO PROCEED IN FORMA PAUPERIS

1. I am the (8) _____ in the above matter and because of my financial condition 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 and associates, to pay the costs of litigation.

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

(9) (a) Name: _____
Address: _____
Social Security No. _____

(b) Employment:

If you are presently employed, state:

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

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: _____
Other self-employment: _____
Interest: _____
Dividends: _____
Pension and annuities: _____
Social Security Benefits: _____
Support Payment: _____
Disability payments: _____
Unemployment Compensation: _____
Workman's Compensation: _____
Public Assistance: _____
Other: _____

(d) Other contributions to household support:

(Wife/husband) name: _____

If your spouse is employed, state:

Employer: _____
Salary or wages per month: _____
Type of work: _____

Contributions from children: _____
Contributions from parents: _____
Other contributions: _____

(e) Property owned:

Cash: _____
Checking account: _____
Savings account: _____
Certificates of deposit: _____
Stocks, bonds: _____
Real estate (including home): _____

Motor Vehicles:

Make: _____
Year: _____
Cost: _____
Amt. Owed: _____

Other: _____

(f) Debts and obligations:

Mortgage: _____
Rent: _____
Loans: _____
Other: _____

(g) Persons dependent upon you for support:

(Wife/husband) name: _____

Children, if any:

Name: _____ Age: _____

Other persons:

Name: _____ Relationship: _____

Name: _____ 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 costs incurred herein.

5. 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 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

(10)

Petitioner, Pro-Se

Date: _____

IN THE COURT OF COMMON PLEAS OF MERCER COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

(1)	_____	:	
	Plaintiff	:	
	vs.	:	No.
(2)	_____	:	
	Defendant	:	

ORDER

AND NOW, this _____ day of _____, 20____, upon consideration of the Petitioner's Application to Proceed In Forma Pauperis, said Application is hereby **GRANTED** and all costs associated with the above-captioned proceeding are hereby **WAIVED**.

BY THE COURT:

_____, J.
Judge

IN THE COURT OF COMMON PLEAS OF MERCER COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

_____	:	
Plaintiff	:	
	:	
vs.	:	No.
	:	
_____	:	
Defendant	:	

PRAECIPE TO PROCEED IN FORMA PAUPERIS

To the Prothonotary:

Kindly allow _____, the _____ in
this matter to proceed In Forma Pauperis.

I, hereby certify that I am unable to pay the costs associated with this action. My affidavit showing inability to pay the costs of litigation is attached hereto.

Respectfully submitted:

Petitioner, Pro-Se

IN THE COURT OF COMMON PLEAS OF MERCER COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

Plaintiff	:	
vs.	:	No.
Defendant	:	

AFFIDAVIT TO PROCEED IN FORMA PAUPERIS

1. I am the _____ in the above matter and because of my financial condition 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 and associates, to pay the costs of litigation.

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

(a) Name: _____
Address: _____
Social Security No. _____

(b) Employment:

If you are presently employed, state:

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

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: _____
Other self-employment: _____
Interest: _____
Dividends: _____
Pension and annuities: _____
Social Security Benefits: _____
Support Payment: _____
Disability payments: _____
Unemployment Compensation: _____
Workman's Compensation: _____
Public Assistance: _____
Other: _____

(d) Other contributions to household support:

(Wife/husband) name: _____

If your spouse is employed, state:

Employer: _____
Salary or wages per month: _____
Type of work: _____

Contributions from children: _____
Contributions from parents: _____
Other contributions: _____

(e) Property owned:

Cash: _____
Checking account: _____
Savings account: _____
Certificates of deposit: _____
Stocks, bonds: _____
Real estate (including home): _____

Motor Vehicles:

Make: _____
Year: _____
Cost: _____
Amt. Owed: _____

Other: _____

(f) Debts and obligations:

Mortgage: _____
Rent: _____
Loans: _____
Other: _____

(g) Persons dependent upon you for support:

(Wife/husband) name: _____

Children, if any:

Name: _____	Age: _____
_____	_____
_____	_____
_____	_____

Other persons:

Name: _____	Relationship: _____
Name: _____	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 costs incurred herein.

5. 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 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

Petitioner, Pro-Se

Date: _____

CIVIL ACTION - LAW

_____	:	
Plaintiff	:	
	:	
vs.	:	No.
	:	
_____	:	
Defendant	:	

ORDER

AND NOW, this _____ day of _____, 20____,
upon consideration of the Petitioner's Application to Proceed In Forma Pauperis, said
Application is hereby **GRANTED** and all costs associated with the above-captioned proceeding
are hereby **WAIVED**.

BY THE COURT:

_____, J.
Judge