Plaintiff,	<ul><li>: IN THE COURT OF COMMON PLEAS OF</li><li>: LYCOMING COUNTY, PENNSYLVANIA</li></ul>				
vs.	: CIVIL ACTION – LAW				
Defendant	: : NO.				
ORDER TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS					
AND NOW, this day	of, 20, upon consideration				
of the within Petition, it is hereby ordered that the Petitioner shall/shall not be permitted to proceed					
in this matter without payment of fees and costs.					
	BY THE COURT,				

	Plaintiff,	<ul><li>: IN THE COURT OF COMMON PLEAS OF</li><li>: LYCOMING COUNTY, PENNSYLVANIA</li></ul>	
VS.		: CIVIL ACTION – LAW	
	, <del></del>	:	
	Defendant	: NO.	
	PETITION TO PROCEED WITH	HOUT PAYMENT OF FEES AND COSTS	
1. I am a party in the above matter and because of my financial condition I am unable to pay the f			
	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 relative	ng to my ability to pay the fees and costs is true and correct:	
٥.	_		
	(a) Name:		
	Address:		
	(b) Employment  If you are presently employed, st	rate	
	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 t	welve months	
	Business or profession:		
	Other self-employment:		
	Interest:		

Dividends:	
Pension and annuities:	
Social security benefits:	
Support payments:	
Disability payments:	
Unemployment compensation and s	supplemental benefits:
Workers' compensation:	
Public assistance:	
Other:	
(d) Other contributions to household	d support
Do you have a spouse?	
Name of your spouse:	
If your spouse is employed, stat	ite
Employer:	
Address:	
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:	
Real estate (including home):	
Motor vehicle:	
	Year
Cost	Amount Owed: \$

	Other:	
(f)	Debts and obligations	
	Mortgage:	
	Rent:	
	Loans:	
	Other:	
<b>(g</b> )	Persons dependent upon you for support	
	Spouse Name:	
	Children	
	List INITIALS of each child. Initials:	
	List ages of children (no birthdates). Ages:	
	Other persons who depend on you for support	
	Name:	_
	Relationship:	
	nderstand that I have a continuing obligation to inform the amstances which would permit me to pay the costs incurred	_
5. I v	erify that the statements made in this affidavit are true and	correct. I understand that false
statements her	rein are made subject to the penalties of 18 Pa.C.S. §4904,	relating to unsworn falsification to
authorities.		
Date:		
Signature	of Petitioner:	
Print Nam	e Here:	

Stocks and bonds: