

CERTIFICATE OF INDIGENCY

When filling out the attached form, please be sure to complete each line. All lines must be completed with either an answer or an answer of "None." Do not use N/A. Do not forget to sign and date the last two pages. The Certificate of Indigency will then need to be filed with the Clerk of Courts, Dauphin County Courthouse, Front and Market Streets, Harrisburg, Pa. 17101. Once your application is received, we will forward it to a Judge to be reviewed.

Thank you
Court Administration Office

COMMONWEALTH OF PENNSYLVANIA

: IN THE COURT OF COMMON PLEAS
: DAUPHIN COUNTY, PENNSYLVANIA

vs.

: NO.
:
:
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:

CERTIFICATE OF INDIGENCY

1. I am the (plaintiff) (defendant) 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 _____

(b) Address _____

(c) Employment:

If you are presently employed, state:

Employer _____

Address _____

Salary or wages per month: Gross _____ Net _____

Type of Work _____

If you are presently unemployed, state date of last employment _____

(d) Other income within the past twelve months:

Business or Profession _____

Other self-employment _____

Interests _____

Dividends _____

Pensions and annuities _____

Social Securities benefits _____

Support Payments _____

Disability Payments _____

Unemployment compensation & supplemental benefits _____

Workman's compensation _____

Public Assistance _____

Other _____

(e) Other contributions to household support:

(Wife) (Husband) Name _____

If your (Wife) (Husband) is employed, state:

Employer _____

Salary or wages per month: Gross _____ Net _____

Type of work _____

Contributions from children _____

Contributions from parents _____

Other contributions _____

(f) Property owned:

Cash _____

Checking account _____

Savings account _____

Certificates of deposit _____

Real estate (including home) _____

Motor vehicle: Make _____ Year _____

Cost \$ _____ Amount Owed \$ _____

Stocks, bonds _____

Other _____

(g) Debts and obligations:

Mortgage _____

Rent _____

Loans _____

Other _____

(h) Persons dependent upon you for support:

(Wife) (Husband) Name _____

Children, if any:

Name _____ Age _____

Other persons:

Name _____ Age _____

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 being made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Date

Signature

: IN THE COURT OF COMMON PLEAS
: DAUPHIN COUNTY, PENNSYLVANIA

vs.

: NO.
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:
:

APPLICATION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, _____, due to my financial condition, am unable to pay the cost of this action, wherefore, I request I be permitted to file In Forma Pauperis.

Signature

Date

ORDER

AND NOW, this _____ day of _____ 20____, upon presentation and consideration of the attached information regarding the request of _____ to file In Forma Pauperis, said request is hereby

_____ GRANTED

_____ DENIED, The Clerk of the Court is directed to strike the appeal if costs are not paid within 20 days.

Judge

Distribution:
DA's Office
Defendant