VS. Defendant	IN THE COURT OF COMMON PLEAS OF LACKAWANNA COUNTY FAMILY COURT - DIVISION FO FC						
<u>ORDER</u>							
AND NOW, thisday of	20, upon						
consideration of the application to proceed in	forma pauperis, which was filed by the						
above Plaintiff,	_in accordance with Rule No. 1920.62 of the						
Pennsylvania Rules of Civil Procedure, IT AI	PPEARING TO THE COURT that the said						
is an indigent and unable to pay the filing fee	s for service of process costs; the request for						
permission to proceed in forma pauperis is gr	anted.						
	BY THE COURT:						

	: IN THE COURT OF COMMON PLEAS	
Plaintiff VS.	: OF LACKAWANNA COUNTY .	
	: FAMILY COURT - DIVISION	
Defendant	:FC	
PETITION AN	D AFFIDAVIT	
I am the (Plaintiff) (Defendant) in the abo condition(s) I am unable to pay the fees a action or proceeding.	-	
2. I am unable to obtain funds from anyone, the costs of litigation.	including my family and associates, to pay	
3. I represent that the information below relative and correct.	ating to my ability to pay the fees and costs is	
(a) Name		
Address		
Social Security No		
(b) Employment		
If you are presently employed	, state	
Employer		
Address		
Salary or wage per month		

	Type of work
	If you are presently unemployed, state
	Date of last employment
	Salary of wages per month
	Type of work
)	Other income within the past twelve months
	Business or Profession
	Other Self-Employment
	Interest
	Dividends
	Pension and Annuities
	Social Security Benefits
	Support Payments
	Disability Payments
	Unemployment Compensation and Supplemental Benefits
	Workman's Compensation
	Public Assistance
	Other
)	Other contributions to household support
	(Wife) (Husband) Name

	If your (wife) (husband) is employed, state				
	Employer				
	Salary or wages per month				
	Type of Work				
	Contributions from children				
	Other contributions				
(e)	Property Owned				
	Cash				
	Checking Account				
	Saving Account				
	Certificate of Deposit				
	Real Estate (including home)				
	Motor Vehicle Make				
	Year	_Cost			
	Amount Owed \$				
	Stocks, Bonds				
	Other				
(f)	Debts and Obligations				
	Mortgage				
	Rent				
	Loans				
	Other				

	(g)	Persons dependant upon you for support				
		(Wife) (Husband) Name				
		Children if any:				
		Name	Age			
		Other Persons				
		Name				
		Relationship				
4.		nd that I have a continuing ob al circumstances, which would				
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 18 Pa. C.S. 4904, relating to unsworn falsification to authorities.					
		Date		_		
			Petitioner			