

**IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA**

**NO.**

**VS**

**CIVIL ACTION LAW**

**FINANCIAL AFFIDAVIT**

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:

- Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security No.: \_\_\_\_\_

- Employment

If you are presently employed, state:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Wages or salary per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

If you are presently unemployed state:

Date of last employment: \_\_\_\_\_

Wages or salary per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

- Other income within the past twelve months

Business or professional: \_\_\_\_\_

Other self-employment: \_\_\_\_\_

Interest: \_\_\_\_\_

Dividends: \_\_\_\_\_

Pension and annuities: \_\_\_\_\_

Social Security benefits: \_\_\_\_\_

Support payments: \_\_\_\_\_

Disability payments: \_\_\_\_\_

Unemployment compensation and

Supplemental benefits: \_\_\_\_\_

Workers' compensation: \_\_\_\_\_

Public assistance: \_\_\_\_\_

Other: \_\_\_\_\_

- Other contributions to household support

(Wife) (Husband) Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

Contributions from children: \_\_\_\_\_

Contributions from parents: \_\_\_\_\_

Other contributions: \_\_\_\_\_

- Property owned

Cash: \_\_\_\_\_

Checking account: \_\_\_\_\_

Savings account: \_\_\_\_\_

Certificate of deposit: \_\_\_\_\_

Real Estate (including home): \_\_\_\_\_

Motor vehicle: Make: \_\_\_\_\_, Year: \_\_\_\_\_

Cost: \_\_\_\_\_, Amount owed: \_\_\_\_\_

Stocks; bonds: \_\_\_\_\_

- Debts and obligations

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loans: \_\_\_\_\_

Other: \_\_\_\_\_

- Persons dependant upon you for support

(Wife) (Husband) Name: \_\_\_\_\_

Children, if any:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

Other persons:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

- Expenses

<u>Item</u>	<u>To Whom Paid</u>	<u>Monthly Amount</u>
Rent/Mortgage	_____	_____
Taxes	_____	_____
Electric	_____	_____
Gas	_____	_____
Heating Oil	_____	_____
Water	_____	_____
Sewer	_____	_____
Trash	_____	_____
Property Insurance	_____	_____
Telephone	_____	_____
Car Loan	_____	_____
Car Insurance	_____	_____
Gasoline/Oil/Repairs	_____	_____
Medical/Dental	_____	_____
Life/Health Insurance	_____	_____
Food (Food Stamps of \$ _____) Plus additional	_____	_____

Household Supplies/Laundry \_\_\_\_\_

Child Care \_\_\_\_\_

Clothing \_\_\_\_\_

Loans \_\_\_\_\_

Charge Accounts \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Other \_\_\_\_\_

TOTAL MONTHLY EXPENSES \_\_\_\_\_

- Information Concerning Spouse in Divorce Cases

(Answer Only In Divorce Cases)

Name of spouse \_\_\_\_\_ Age of spouse \_\_\_\_\_

Address of spouse \_\_\_\_\_

When did you last live with spouse? \_\_\_\_\_

Is spouse employed? \_\_\_\_\_ Where and at what rate of pay? \_\_\_\_\_

What other income does spouse have? \_\_\_\_\_

What assets does spouse have? \_\_\_\_\_

- 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.
- I verify that the statements 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, which upon conviction provides for a fine not to exceed \$2500.00 or for imprisonment for a term not to exceed one year.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner