

IN THE COURT OF COMMON PLEAS OF YORK COUNTY

COMMONWEALTH

NO.: CP-67-SA- _____-20__

vs.

FINANCIAL AFFIDAVIT

1. I am the Defendant in the above matter and because of my financial condition am unable to pay the fees and costs of prosecution.

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.: _____

A. Employment

If you are presently employed, state:

Employer: _____

Address: _____

Salary or wages per month: \$ _____

Type of work: _____

B. Other income within the past twelve months:

Business or professional: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pensions and annuities: _____

Social Security benefits: _____

Support Payments: _____

Disability Payments: _____

Unemployment Compensation and Supplemental Benefits:

Worker's Compensation: _____

Public Assistance: _____

Other: _____

C. Other contributions to household support:

(Wife) (Husband) Name: _____

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

D. Property Owned:

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real Estate (including home): _____

Motor vehicle: Make: _____

 Year: _____

 Cost: _____

 Amount owed: _____

Stock/Bonds: _____

Other: _____

E. Debts and Obligations:

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

F. Persons dependant upon you for support:

(Wife)(Husband) Name: _____

Children, if any: _____

Names/Ages: _____

Other persons:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

G. Expenses:

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 for \$ _____) plus additional: _____

Household Supplies/Laundry: _____

Child Care: _____

Clothing: _____

Loans: _____

Charge Accounts: _____

Miscellaneous: _____

Other: _____

TOTAL Monthly Expenses: _____

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 in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities, which upon conviction provides for a fine not to exceed \$2,500.00 or for imprisonment for a term not to exceed one year.

Petitioner: X _____ Date: _____

IN THE COURT OF COMMON PLEAS OF YORK COUNTY

COMMONWEALTH

NO.: CP-67-SA _____ 20__

vs.

PETITON FOR LEAVE TO FILE SUMMARY CONVICTION APPEAL
IN FORMA PAUPERIS

AND NOW, come the defendant _____

And alleges as follows:

1. Defendant _____ is an adult individual residing at:

Street Address

City State Zip

2. Defendant is indigent and financially unable to pay the costs and fees necessary for filing and serving this action.
3. Defendant's financial circumstances are more fully set forth in the attached Financial Affidavit.
4. Defendant has a meritorious cause of action and will be denied access to the Court and due process of law if not allowed to proceed In Forma Pauperis.

WHEREFORE, Defendant prays that the Honorable Court enter an Order allowing this action to proceed In Forma Pauperis without pre-payment of costs or fees.

I understand that the statements in the foregoing Petition for leave to proceed In Forma Pauperis are made under the penalties provided by 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities).

Defendant: X _____ Date: _____

IN THE COURT OF COMMON PLEAS OF YORK COUNTY

CRIMINAL DIVISION

COMMONWEALTH

NO.: CP-67-SA-_____-20__

vs.

ORDER

AND NOW, TO WIT, this _____ day of _____ 20__, it is hereby

Ordered that the petitioner's request has been (granted) (denied) permission to file a

Summary Conviction Appeal In Forma Pauperis.

BY THE COURT,

Judge