



# IN FORMA PAUPERIS AFFIDAVIT PETITION

Mag. Dist. No:

MDJ Name:

Address:

Telephone:

VS.

Docket No:

Case Filed:

## STATEMENT OF THE PETITIONER

I hereby request that this Court permit me to proceed in forma pauperis (without payment of the filing fee). In support of this I state the following:

- ☐ 1. I am the plaintiff in the above matter and because of my financial condition am unable to pay the fee for filing this action.
- ☐ 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 AND ADDRESS

NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

If you are presently employed, state employer:

NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

SALARY OR WAGES PER MONTH \$

### TYPE OF WORK

If you are presently unemployed, state:

THE DATE OF MY LAST EMPLOYMENT WAS

SALARY OR WAGES PER MONTH \$

### TYPE OF WORK

### OTHER INCOME RECEIVED WITHIN THE PAST TWELVE MONTHS

BUSINESS OR PROFESSION \$	INTEREST \$
OTHER SELF-EMPLOYMENT \$	DIVIDENDS \$
PENSION AND ANNUITIES \$	SUPPORT PAYMENTS \$
SOCIAL SECURITY BENEFITS \$	DISABILITY PAYMENTS \$
WORKERS' COMPENSATION \$	PUBLIC ASSISTANCE \$
UNEMPLOYMENT COMPENSATION AND SUPPLEMENTAL BENEFITS \$	
OTHER \$	



**OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT**

SPOUSE'S NAME	<input type="checkbox"/> MY SPOUSE IS EMPLOYED
SPOUSE'S EMPLOYER	SALARY OR WAGES PER MONTH \$
TYPE OF WORK	
CONTRIBUTIONS FROM CHILDREN \$	CONTRIBUTIONS FROM PARENTS \$
OTHER CONTRIBUTIONS \$	

**PROPERTY OWNED**

CASH \$	CHECKING ACCOUNT \$
SAVINGS ACCOUNT \$	CERTIFICATES OF DEPOSIT \$
REAL ESTATE (INCLUDING HOME) \$	
MOTOR VEHICLE MAKE	YEAR
COST \$	AMOUNT OWED \$
STOCKS; BONDS \$	OTHER \$

**DEBTS AND OBLIGATIONS**

MORTGAGE \$	RENT \$
LOANS \$	OTHER \$

**PERSONS DEPENDENT UPON ME FOR SUPPORT**

<input type="checkbox"/> SPOUSE NAME	
AGES OF MINOR CHILDREN, IF ANY	
<input type="checkbox"/> OTHER PERSONS (NON-MINOR)	
NAME	RELATIONSHIP
NAME	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 petition are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.
- ☐ 6. I certify that this filing complies with the provisions of the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania that require filing confidential information and documents differently than non-confidential information and documents.

Date: \_\_\_\_\_

Signature of Petitioner \_\_\_\_\_

Action by the Magisterial District Judge: \_\_\_\_\_

**SEAL**

Date \_\_\_\_\_

Magisterial District Judge \_\_\_\_\_



IN THE COURT OF COMMON PLEAS OF NORTHAMPTON COUNTY, PENNSYLVANIA  
CRIMINAL

COMMONWEALTH OF PENNSYLVANIA	)	Case No. _____
vs.	)	
	)	OTN #: _____
_____	)	
Defendant	)	

**NOTICE OF APPEAL**

Notice is hereby given that \_\_\_\_\_,  
Commonwealth of Pennsylvania/Defendant, above named, hereby appeals to the  
Supreme/Superior/Commonwealth Court of Pennsylvania from the order entered in this matter  
on the \_\_\_\_\_ day of \_\_\_\_\_. 20\_\_\_\_. This order has been entered in the  
docket as evidenced by the attached copy of the docket entry.

\_\_\_\_\_ [*For appeals by the Commonwealth pursuant to Pa.R.A.P. 311(d)*] The  
Attorney for the Commonwealth, by checking this paragraph, certifies that the order appealed  
from will terminate or substantially handicap the prosecution.

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Supreme Court No. \_\_\_\_\_  
Attorney for \_\_\_\_\_

ATTACHMENTS:

- ☐ Check # \_\_\_\_\_ in amount of \$90.25 payable to the Appellate Court
- ☐ Check # \_\_\_\_\_ in amount of \$50.00 payable to Clerk of Judicial Records-  
Criminal Division
- ☐ Copy of Request for Transcript
- ☐ Check # \_\_\_\_\_ for payment of deposit(s) on transcription costs
- ☐ Proof of Service on all parties in Trial Court, Trial Judge(s), Court Reporter(s),  
and District Court Administrator
- ☐ Above referenced docket entry

IN THE COURT OF COMMON PLEAS OF NORTHAMPTON COUNTY, PENNSYLVANIA  
CRIMINAL

COMMONWEALTH OF PENNSYLVANIA	)	Case No. _____
vs.	)	
	)	OTN #: _____
_____	)	
Defendant	)	

**REQUEST FOR TRANSCRIPT**

[or Statement Pursuant to Pa.R.A.P. 904(c)]

A Notice of Appeal having been filed in this matter, \_\_\_\_\_  
\_\_\_\_\_ the official court reporter(s) is/are hereby requested to produce, certify  
and file the transcript of the trial/hearing regarding \_\_\_\_\_  
and held on \_\_\_\_\_ in conformity with Pa.R.A.P. 1922.

- ☐ There is no verbatim record of the proceedings.
- ☐ The complete transcript has been lodged of record.
- ☐ I hereby certify that the official court reporter(s) has/have informed me that the  
approximate length of the transcript in this case is \_\_\_\_\_ pages; that the cost  
per page for the transcript is \$ \_\_\_\_\_, and that the total estimated cost of  
this transcript will be \$ \_\_\_\_\_.
- ☐ Attached hereto is Check # \_\_\_\_\_ payable to the Court  
Reporter(s) for the deposit(s) required for commencement of transcription(s).

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Supreme Court No. \_\_\_\_\_  
Attorney for \_\_\_\_\_

)

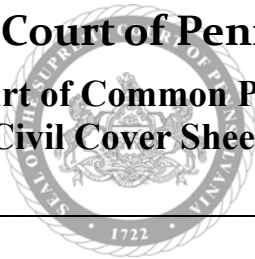
COMMONWEALTH OF PENNSYLVANIA	)	Case No. _____
vs.	)	
	)	OTN #: _____
_____	)	
Defendant	)	

I hereby certify that I am this day serving true and correct copies of the within **Notice of Appeal, Request for Transcript, and this Proof of Service** upon the persons and in the manner indicated below, which service satisfies the requirements of Pa.R.A.P. 906: *(Set forth herein the manner of service and the names, addresses and telephone numbers of the persons served. See Pa.R.A.P. 906(a), which requires service on all parties in the trial court, the judge(s) of the trial court, the official court reporter(s) in the trial court and the trial court's District Court Administrator.)*

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Supreme Court No. \_\_\_\_\_  
Attorney for \_\_\_\_\_

# Supreme Court of Pennsylvania

## Court of Common Pleas Civil Cover Sheet



County \_\_\_\_\_

*For Prothonotary Use Only:*

Docket No: \_\_\_\_\_

TIME STAMP

*The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.*

SECTION A

### Commencement of Action:

- ☐ Complaint      ☐ Writ of Summons      ☐ Petition  
☐ Transfer from Another Jurisdiction      ☐ Declaration of Taking

Lead Plaintiff's Name: \_\_\_\_\_

Lead Defendant's Name: \_\_\_\_\_

Are money damages requested? ☐ Yes ☐ No

Dollar Amount Requested: ☐ within arbitration limits  
(check one) ☐ outside arbitration limits

Is this a *Class Action Suit*? ☐ Yes ☐ No

Is this an *MDJ Appeal*? ☐ Yes ☐ No

Name of Plaintiff/Appellant's Attorney: \_\_\_\_\_

☐ **Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)**

SECTION B

**Nature of the Case:** Place an "X" to the left of the ONE case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

### TORT (do not include Mass Tort)

- ☐ Intentional  
☐ Malicious Prosecution  
☐ Motor Vehicle  
☐ Nuisance  
☐ Premises Liability  
☐ Product Liability (does not include mass tort)  
☐ Slander/Libel/ Defamation  
☐ Other: \_\_\_\_\_

### MASS TORT

- ☐ Asbestos  
☐ Tobacco  
☐ Toxic Tort - DES  
☐ Toxic Tort - Implant  
☐ Toxic Waste  
☐ Other: \_\_\_\_\_

### PROFESSIONAL LIABILITY

- ☐ Dental  
☐ Legal  
☐ Medical  
☐ Other Professional: \_\_\_\_\_

### CONTRACT (do not include Judgments)

- ☐ Buyer Plaintiff  
☐ Debt Collection: Credit Card  
☐ Debt Collection: Other  
\_\_\_\_\_  
\_\_\_\_\_  
☐ Employment Dispute:  
Discrimination  
☐ Employment Dispute: Other  
\_\_\_\_\_  
\_\_\_\_\_  
☐ Other: \_\_\_\_\_

### REAL PROPERTY

- ☐ Ejectment  
☐ Eminent Domain/Condemnation  
☐ Ground Rent  
☐ Landlord/Tenant Dispute  
☐ Mortgage Foreclosure: Residential  
☐ Mortgage Foreclosure: Commercial  
☐ Partition  
☐ Quiet Title  
☐ Other: \_\_\_\_\_

### CIVIL APPEALS

- Administrative Agencies  
☐ Board of Assessment  
☐ Board of Elections  
☐ Dept. of Transportation  
☐ Statutory Appeal: Other  
\_\_\_\_\_  
\_\_\_\_\_  
☐ Zoning Board  
☐ Other: \_\_\_\_\_

### MISCELLANEOUS

- ☐ Common Law/Statutory Arbitration  
☐ Declaratory Judgment  
☐ Mandamus  
☐ Non-Domestic Relations  
Restraining Order  
☐ Quo Warranto  
☐ Replevin  
☐ Other: \_\_\_\_\_

## **NOTICE**

**Pennsylvania Rule of Civil Procedure 205.5. (Cover Sheet) provides, in part:**

**Rule 205.5. Cover Sheet**

(a)(1) This rule shall apply to all actions governed by the rules of civil procedure except the following:

- (i) actions pursuant to the Protection from Abuse Act, Rules 1901 et seq.
- (ii) actions for support, Rules 1910.1 et seq.
- (iii) actions for custody, partial custody and visitation of minor children, Rules 1915.1 et seq.
- (iv) actions for divorce or annulment of marriage, Rules 1920.1 et seq.
- (v) actions in domestic relations generally, including paternity actions, Rules 1930.1 et seq.
- (vi) voluntary mediation in custody actions, Rules 1940.1 et seq.

(2) At the commencement of any action, the party initiating the action shall complete the cover sheet set forth in subdivision (e) and file it with the prothonotary.

(b) The prothonotary shall not accept a filing commencing an action without a completed cover sheet.

(c) The prothonotary shall assist a party appearing pro se in the completion of the form.

(d) A judicial district which has implemented an electronic filing system pursuant to Rule 205.4 and has promulgated those procedures pursuant to Rule 239.9 shall be exempt from the provisions of this rule.

(e) The Court Administrator of Pennsylvania, in conjunction with the Civil Procedural Rules Committee, shall design and publish the cover sheet. The latest version of the form shall be published on the website of the Administrative Office of Pennsylvania Courts at [www.pacourts.us](http://www.pacourts.us).