

County of Berks

IN FORMA PAUPERIS (IFP)

**How to ask to be excused from
paying court costs and fees for**

FAMILY COURT CASES

Disclaimer

Court staff is not able to give you legal advice or help you complete these forms. The information in this packet is not a substitute for professional legal advice. The Court and the Berks County Bar Association assume no responsibility and accept no liability for actions taken by users of these documents, including reliance on their contents. If you want to obtain the services of an attorney but do not know whom to contact, please call the Pennsylvania Lawyer Referral Service at 1-800-692-7375.

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IN FORMA PAUPERIS "IFP"

How to ask to be excused from paying court costs and fees

Normally, when you start a case in court, you have to pay various costs and fees, such as (a) a fee for starting the case, called a "filing fee," and (b) a fee for having the Sheriff serve the necessary court papers on the other party in the case.

Under Pennsylvania law, a person can be excused from paying those fees and costs if the person is "without financial resources to pay the costs of litigation..." The technical name for this status is in forma pauperis or "IFP".

In order to ask for IFP status, you must file a "VERIFICATION / IN FORMA PAUPERIS" petition with the Court, in which you give the Judge detailed information about your financial situation. The Verification / In Forma Pauperis petition and a form order for the Judge to sign is included in this packet along with the instructions for completing the form.

The forms in this packet are for filing Family Court cases. If you are filing a Non-Family Court Civil case, there is a separate packet.

Please fill out the attached form completely as follows:

Form 1, Order

Caption:

- Neatly print or type your name above the word "Plaintiff". If you are filing this as a Defendant, put the other parties name here.
- Neatly print or type the name of the person or persons you are filing against above the word "Defendant". If you are filing this as a Defendant, put your name here.

DO NOT FILL IN ANYTHING FURTHER ON FORM 1

Form 2, Verification / In Forma Pauperis

Caption:

- Neatly print or type your name above the word "Plaintiff". If you are filing this as a Defendant, put the other parties name here.
- Neatly print or type the name of the person or persons you are filing against above the word "Defendant". If you are filing this as a Defendant, put your name here.

1. Circle "Plaintiff" or "Defendant" to indicate which party you are. This should be the same as in the caption.
2. Don't put anything here.
3. (a) Put your name to the right of "Name:" and put your complete address to the right of "Address:".

(b) to (g) Put an answer on every line and make sure that your answers are all complete. There must be an answer on every line. Even if a line does not apply to you or the answer is “not applicable – n/a”, “nothing”, “none”, or “\$0”, you must write something on each line. **If any line is left blank, the petition may be denied.**

4. Don't put anything here. This section notifies you that you have an obligation to notify the Court if your financial circumstances improve.

Date, Signature, Address, and Telephone Number:

- Neatly print the date on the line above the word “Date”.
- Sign your full name as it appears in the case caption on the line above “Plaintiff/Defendant”.
- Circle “Plaintiff” or “Defendant” to indicate which party you are. This should be the same as in the caption.
- Put your complete address on the line above the word “Address”.
- Put your 10 digit telephone on the line above “Telephone Number”.

It is important that the petition includes your telephone number because the Prothonotary's Office may call you to come pick up the order after it is completed by the Judge.

File with the Prothonotary's Office (office on the second floor of the Courthouse). **[File Form 1 AND Form 2]**

After the Judge reviews your petition, the Judge will sign the order granting, denying, or partially granting and partially denying you permission to proceed IFP. If your petition is granted, you will not have to pay the filing fees and costs depending on which costs and fees the Judge waives. The Judge may waive some or all of the fees and costs. If the Judge denies your petition or part of your petition, you will be responsible to pay some or all of the costs and fees and you will be given a certain number of days to pay those costs and fees or your case may not proceed.

Court personnel and county employees are not permitted to help you fill out these papers or give you legal advice.

Plaintiff : IN THE COURT OF COMMON PLEAS
: OF BERKS COUNTY, PENNSYLVANIA
: CIVIL ACTION – LAW
vs. :
: No.
Defendant : Assigned to Judge:
: Assigned Master:

ORDER

AND NOW, this ____ day of _____, 20__, the within Petition to Proceed in Forma Pauperis is GRANTED or PARTIALLY GRANTED and said Plaintiff / Defendant [**CIRCLE ONE**] is hereby allowed to proceed without paying the cost of the items that are checked below:

- Prothonotary Filing Fees
- Mediation Orientation Session
- Children in the Middle Program
- Surcharge
- E-Filing Fee

BY THE COURT:

, JUDGE

AND NOW, this ____ day of _____, 20__, the within Petition to Proceed in Forma Pauperis is DENIED and said Plaintiff / Defendant [**CIRCLE ONE**] shall pay the filing costs as required by the Prothonotary of Berks County as well as the cost of the Mediation Orientation Session, Children in the Middle Program, Surcharge, and/or E-Filing fee if applicable.

BY THE COURT:

, JUDGE

Plaintiff	:	IN THE COURT OF COMMON PLEAS
	:	OF BERKS COUNTY, PENNSYLVANIA
	:	CIVIL ACTION – LAW
vs.	:	
	:	No.
	:	
Defendant	:	Assigned to Judge:

VERIFICATION / IN FORMA PAUPERIS

1. I am the Plaintiff / Defendant [**CIRCLE ONE**] in the above matter and because of my financial condition; I 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: _____

Address: _____

(b) Employment:

If you are presently employed, state

Employer: _____

Address: _____

Salary or wages per month: _____

Type of work: _____

If you are presently unemployed, state

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

Other income within the past twelve months: _____

Business or profession: _____

Other self-employment: _____

- (c) Interest: _____
Dividends: _____
Pensions and annuities: _____
Social Security Benefits: _____
Support payments: _____
Disability payments: _____
Unemployment compensation and supplemental benefits: _____
Worker's Compensation: _____
Public Assistance: _____
Other: Food Stamps: _____
Medical Assistance: _____

(d) Other contributions to household support: _____

(e) Property owned: _____

Cash: _____

Checking account: _____

Savings account: _____

Certificates of Deposit: _____

Real Estate (including home): _____

Motor Vehicle: _____

Stocks, bonds: _____

Other: _____

(f) Debts and Obligations:

Mortgage: _____

Rent: _____

Loans: _____

Electric: _____

Gas: _____

Water/Sewer: _____

Garbage: _____

Telephone: _____

Cable: _____

Food: _____

Cleaning Supplies: _____

Toiletries: _____
 Laundry: _____
 Clothing: _____
 Gasoline: _____
 Car Insurance: _____
 Child Support: _____
 Medical: _____
 Transportation: _____
 Other: _____

(g) Persons dependent upon you for support:

Children, if any:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Other persons:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

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.

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

Plaintiff / Defendant **[CIRCLE ONE]**

Address

Telephone Number