Commonwealth of Pennsylvania
Court of Common Pleas
County of _____
____ Judicial District

Application to Waive Fees and Costs

Commonwealth of Pennsylvania
v.

_____

Docket No: _____
Date Filed: _____

Party Name: _____
First *Middle* *Last*

Residence: _____

City, State, Zip: _____

☐ Check the box if you are currently without a house or apartment.

Do you currently receive one or more of the following public benefits?

- Supplemental Nutrition Assistance Program (SNAP) (food stamps)
- Medicaid
- Supplemental Security Income (SSI) (Not Social Security Disability Insurance (SSDI))
- Temporary Assistance to Needy Families (TANF)
- Public Housing or Section 8 Housing
- Needs-based VA Pension
- Low-Income Energy Assistance
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Other need-based federal, state, or local program: _____
(name of program)

☐ Yes ☐ No

If you answered "Yes," skip the remainder of the form and sign/date the VERIFICATION

I am providing the following information about people who live with me:

I support __ adult children, who are incapable of self-support due to a physical or mental disability.

I support __ children under 18.

GROSS MONTHLY INCOME (income before paying taxes and other deductions)

$ _____ monthly gross wages. I work as a _____ for _____ .
(job title/description) (name of employer)

$ _____ unemployment compensation. I have been unemployed since _____ .
(date)
My last employer was _____
(name of employer)

$ _____ money received from other people.

$ _____ ☐ Retirement/Pension ☐ Disability
☐ Workers Comp ☐ Social Security
☐ Child/Spousal Support ☐ Other Sources: _____
(describe source)

$ _____ Total monthly gross income

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ASSETS (Current Value):

$ _____ Cash

$ _____ Bank accounts or other financial assets

$ _____ Primary vehicle

$ _____ Other vehicles

$ _____ House

$ _____ Other real estate

$ _____ Other property: _____
(describe)

$ _____ Total value of property

MONTHLY EXPENSES YOU PAY:

$ _____ Rent/mortgage payment

$ _____ Food and household supplies

$ _____ Utilities, including cell phone

$ _____ Clothing and other personal expenses

$ _____ Medical and dental expenses/insurance

$ _____ Child care

$ _____ Transportation, including car payments and repairs

$ _____ Child and spousal support or alimony

$ _____ Other expenses: _____
(describe)

$ _____ Total monthly expenses

Are there other facts that you would like the court to know about your circumstances that may help the court decide whether to grant your application, such as you are experiencing homelessness or you have health issues?

_____

_____

VERIFICATION

I understand that I have a continuing obligation to inform the court of an improvement in my financial circumstances that would permit me to pay the fees and costs in this case. If I fail to inform the court of any changes in my circumstances, I understand that the court may rescind the waiver of fees and costs and order me to pay those fees and costs.

I verify that the statements made in this application 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.

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 Party Signature



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APPLICATION INFORMATION

If you are required to pay a fee or cost before you can file a document or proceed in court but cannot afford to pay the fee or cost, then you may be eligible for a waiver of those fees and costs pursuant to Pa.R.J.A. 1990. If you are represented by a lawyer who is providing you with free legal services, then ask that lawyer to file a "*praecipe*" to obtain a waiver.

If you are not represented by a lawyer who is providing you with free legal services, then you need to apply for a waiver by completing and signing an Application. The Application asks you for information about your ability to pay the fee or cost. Untrue statements made on the Application may result in criminal charges.

Once you complete and sign the Application, return it to the same filing office where the lawsuit was originally filed. The court will then decide whether you qualify for a waiver. To help the court decide, you may be asked to provide more information or appear before a judge.

If the court decides not to approve your Application, then you must pay the required fee or cost within 30 days of that decision or appeal that decision.

Remember: If the court grants your Application and your ability to pay improves, then you must inform the court.

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_____ Judicial District

PRAECIPE TO WAIVE FEES AND COSTS

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v.

County Clerk of Courts

Address:

Telephone:

Docket No:

PRAECIPE TO WAIVE FEES AND COSTS

Kindly allow _____ to proceed without paying fees and costs.

I, _____, am the attorney for the party requesting a waiver of fees and costs, providing free legal services to the party, and reasonably believe the party is unable to pay the fees and costs.

_____

Attorney for _____

Attorney ID: _____