



**LYCOMING COUNTY
Petition to Proceed Without
Payment of Fees and Costs
SELF-HELP KIT**

REMEMBER

The law often changes. Each case is different. This self-help kit is meant to give you general information and not give you specific legal advice.

INTRODUCTION

Usually, fees must be paid in order to file court documents. However, if you feel you do not have enough money to pay these fees, you may ask to file documents without paying the fees.

This kit will help you file the forms to ask the Judge to let you file for free. You will need to tell the Judge about your financial situation so the Judge can decide whether or not you should pay the fees.

1. FIRST FORM – ORDER TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS

- If you **DO NOT** have an existing case: Complete the caption (heading) by printing your name as the Plaintiff and the other party's name as the Defendant. Use middle initials and print neatly. Fill in the caption only—leave the rest of the page blank. This is for the Judge to fill out.
- If you **ALREADY HAVE** an existing case: **USE THE SAME CAPTION AS IN THAT CASE.** Your caption will never change. The same person who is listed as the Plaintiff in your case must be the Plaintiff in this petition. The same person listed as Defendant in your case must be the Defendant in this petition. You should also use the same case number that appears on your case. Fill in the caption only—leave the rest of the page blank. This is for the Judge to fill out.

2. SECOND FORM – PETITION TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS

Fill out the caption as on the first form (instructions above). The rest of this form is quite clear. You are asked to fill in facts about your personal finances. Be sure to include income from all sources, including government benefits like Public Assistance, unemployment compensation, and food stamps. Don't forget money your spouse receives, if you are married; from your parents if they help you; from friends or other family members; or from child support. Finally, identify all persons who depend on your income for support, including children who live with you. Do not list the children's names—only their initials and ages.

Section 4 makes you promise that you will tell the Court about any improvement in your financial situation that might permit you to pay some or all of the costs at a later date.

Section 5 makes you promise that all the information you gave in this form is true, and that you understand that if you intentionally give false information, you could be charged with the crime of unsworn falsification.

Finally, date the form, sign the form, and print your name.

COPIES

After you have completed these two forms, make one copy of each.

FILING

Take the originals and the copies to the Prothonotary's Office on the first floor of the Lycoming County Courthouse at 48 West Third Street, Williamsport, on any weekday (Monday through Friday) between 8:30 a.m. and 5:00 p.m. There will *not* be a cost to file these forms.

Once the judge reviews your information, the judge will make a decision. You will receive a copy of the Judge's Order. If the Judge grants your petition, you will not have to pay the fees. If the court denies your petition, you will have to pay the fees before your court action proceeds.



Plaintiff	:	IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA
	:	
vs.	:	CIVIL ACTION – LAW
	:	
Defendant	:	NO.

**ORDER TO PROCEED WITHOUT
PAYMENT OF FEES AND COSTS**

AND NOW, this _____ day of _____, 20____, upon consideration of the within Petition, it is hereby ordered that the Petitioner shall/shall not be permitted to proceed in this matter without payment of fees and costs.

BY THE COURT,

J.

Plaintiff	:	IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA
vs.	:	CIVIL ACTION – LAW
Defendant	:	NO.

PETITION TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS

1. I am a party 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: _____

(c) Other income within the past twelve months

Business or profession: _____

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: _____

(d) Other contributions to household support

Do you have a spouse? _____

Name of your spouse: _____

If your spouse is employed, state

Employer: _____

Address: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

(e) Property owned

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor vehicle: _____

Make _____ Year _____

Cost _____ Amount Owed: \$ _____

Stocks and bonds: _____

Other: _____

(f) Debts and obligations

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) Persons dependent upon you for support

Spouse Name: _____

Children

List INITIALS of each child. Initials: _____

List ages of children (no birthdates). Ages: _____

Other persons who depend on you for support

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 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: _____

Signature of Petitioner: _____

Print Name Here: _____