

IN THE COURT OF COMMON PLEAS OF CHESTER COUNTY, PENNSYLVANIA
CRIMINAL ACTION – IN FORMA PAUPERIS (SUMMARY APPEAL)

COMMONWEALTH OF PENNSYLVANIA :

V. : MDJ Docket No: MJ-_____-_____-_____-20____

_____ : Docket No: CP-15-MD-_____-20____

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 defendant 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 prosecution.
- 3. I represent that the information below relating to my ability to pay the fees and costs is true and accurate:

NAME & ADDRESS

PRESENT EMPLOYER'S NAME & ADDRESS

Social Security Number: _____

Salary or Wage Per Month: _____

Type of Work: _____

I AM PRESENTLY UNEMPLOYED

The date of my last employment was: _____ Salary or Wage Per Month: _____

Type of Work: _____

OTHER INCOME RECEIVED IN THE LAST TWELVE MONTHS:

Business or Profession: _____ Interest: _____

Other Self-Employment: _____ Dividends: _____

Pension: & Annuities: _____ Support Payments: _____

Social Security Benefits: _____ Disability Payments: _____

Workman's Compensation: _____ Public Assistance: _____

Unemployment Compensation and Supplemental Benefits: _____

Other: _____

OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:

(Wife/Husband) Name: _____

My (Wife/Husband) 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: _____

Motor Vehicle Year: _____

Cost: _____

Amount Owed: _____

Stocks/Bonds: _____

Other: _____

DEBTS AND OBLIGATIONS

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

PERSONS DEPENDENT UPON ME FOR SUPPORT

(Wife/Husband) Name: _____

(Children, if any) Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

(Other Persons) 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 to 18 Pa.C.S. Sec. 4904, relating to unsworn falsification to authorities.

Date: _____

Signature of the Petitioner: _____

COMMONWEALTH OF PENNSYLVANIA :

V. :

_____ : Docket Number: CP-15-MD-_____-20_____

ORDER

AND NOW, this _____ day of _____, 20____, upon consideration of Defendant's
Petition to Proceed In Forma Pauperis, the petition is _____.

All fees for the filing of Summary Appeal are WAIVED.

J.