

vs.

Plaintiff

Defendant

) Docket Number:

)

) PACSES Case Number:

)

) Other State ID Number:

Poverty Affidavit

- 1. I, _____ am the Defendant/Plaintiff **(circle one)** in a support/custody 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: _____

Social Security Number: _____

Employment:

(b) If you are presently employed, state

Employer: _____

Employer Address: _____

Salary or Wages per month: _____

Type of Work: _____

(c) If you are 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: _____

Support payments: _____

Interest: _____

Disability payments: _____

Dividends: _____

Unemployment compensation and/or supplemental benefits: _____

Pension & annuities: _____

Public assistance/welfare: _____

Social Security benefits: _____

Workman's compensation: _____

Other: _____

(d) Other contributions to household support

Wife/Husband (**circle one**) Name: _____

If your wife/husband is employed, state

Employer: _____

Salary or wages per month: _____

Type of Work: _____

Contributions from children: _____ (per month)

Contributions from parents: _____ (per month)

Other contributions: _____ (per month)

(e) Property owned

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor vehicle: Make: _____ Year: _____

Cost: _____ Amount Owed: _____

(e) Property owned (continued)

Stocks; Bonds: _____

Other: _____

(f) Debts and obligations

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) Persons dependent upon you for support

Wife/Husband Name: _____

<u>Child(ren) (if any) Name(s)</u>	<u>Age(s)</u>
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_____	_____
_____	_____
_____	_____
_____	_____

Others:	<u>Name</u>	<u>Relationship</u>
	_____	_____
	_____	_____
	_____	_____

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 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 signed

Petitioner