IN THE COURT OF COMMON PLEAS
MIFFLIN COUNTY, PENNSYLVANIA

_____
PLAINTIFF

VS CP-44-CV-_____-20___

_____
DEFENDANT

APPLICATION TO WAIVE FEES AND COSTS

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 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 sources)

$_____ Total monthly gross income

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.

_____ _____

Date Party's Signature

IN THE COURT OF COMMON PLEAS
MIFFLIN COUNTY, PENNSYLVANIA

_____

PLAINTIFF

VS **CP-44-CV-_____-20___**

_____

DEFENDANT

ORDER

AND NOW, this _____ day of _____, 20_____, upon consideration of the within Application to Waive Fees and Costs, said Application is GRANTED/DENIED. The Petitioner, _____ may/may not file the _____ and proceed without payment of filing fees.

_____ _____

Date **Prothonotary**

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY, PENNSYLVANIA

_____

Plaintiff

vs. CP-44-C___-_____-20_____

_____

Defendant

ORDER

AND NOW, this ____day of _____, 20_____, upon consideration of the within Application to Waive Fees and Costs, filed in the above matter, said petition is hereby:

_____GRANTED

_____DENIED; hearing on the within petition is scheduled for the _____day of _____, 20_____, at _____ ___m., in Courtroom _____ of the Mifflin County Courthouse, 20 N Wayne St,. Lewistown, PA 17044.

FURTHER, in order to determine Petitioner's ability to pay, Petitioner is hereby ORDERED to bring financial documentation to the above hearing. Such documentation shall include but is not limited to a W2, a most-recent income tax return or a current pay stub, proof of social security, public assistance, disability or unemployment income. Proof of monthly mortgage or rent paid and any other relevant proof of income and expense documentation.

BY THE COURT:

_____ _____

Date Judge