

**IN FORMA PAUPERIS**  
**PETITION**  
**&**  
**ORDER**

**MUST BE ACCOMPANIED BY VERIFICATION  
OF INCOME OR PUBLIC ASSISTANCE.**

*(Bring a photocopy of your proof of income)*

- 1.) A Petition for In Forma Pauperis status MUST be accompanied by either:
  - a.) Certification from Neighborhood Legal Services (as per local rule), or
  - b.) Verification of the income/financial status of the parties (i.e. W-2, pay stub, proof of public assistance, EBT/ACCESS card with proof of current status, etc.)
- 2.) The Petition will be reviewed by the Law Clerk who will determine if the appropriate information has been supplied.
- 3.) The judge will review the Petition and either:
  - a.) Make a determination, or
  - b.) Require more documentation, or
  - c.) Conduct an on the record interview of the party prior to making a decision.

**2026 FEDERAL POVERTY GUIDELINE**

<b>Persons in family/household</b>	<b>Annual</b>	<b>Monthly</b>
1	\$15,960	\$1,330
2	\$21,640	\$1,803
3	\$27,320	\$2,276
4	\$33,000	\$2,750
5	\$38,680	\$3,223
6	\$44,360	\$3,696
7	\$50,040	\$4,170
8	\$55,720	\$4,643

**SOURCE:** *Federal Register, published January 15, 2026*

For families/households with more than 8 persons, add \$5,680 for each additional person.

**IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
PENNSYLVANIA**

Plaintiff, \_\_\_\_\_  
vs.  
Defendant, \_\_\_\_\_  
No. \_\_\_\_\_

## ORDER TO WAIVE FILING COSTS

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon consideration of the attached Petition to Proceed in Forma Pauperis, it is hereby ordered that the filing costs be waived.

BY THE COURT

JUDGE

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
PENNSYLVANIA

## CIVIL DIVISION

Plaintiff, : No. \_\_\_\_\_ of 20\_\_\_\_\_  
vs. : Civil Action – Law  
Defendant. : Type of Pleading:  
: **Petition to Proceed in Forma  
Pauperis**  
: Filed on behalf of:  
: \_\_\_\_\_  
: (Your Name):

### Filing Party's Information:

Name: \_\_\_\_\_

Address:

Telephone #: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
PENNSYLVANIA

\_\_\_\_\_, :  
Plaintiff, :  
:  
vs. : No. \_\_\_\_\_  
:  
:  
\_\_\_\_\_, :  
Defendant. :  
:

**PETITION TO PROCEED IN FORMA PAUPERIS  
TO THE HONORABLE JUDGES OF THE SAID COURT:**

Petitioner respectfully represents that:

1. Petitioner \_\_\_\_\_ is the moving party in the above captioned action.
2. Petitioner's Social Security number is XXX-XX- \_\_\_\_\_ (*only provide last 4 digits*)
3. Petitioner's address is \_\_\_\_\_  
(give full address)
4. Petitioner's income and expense information is fully and accurately set forth in the attached affidavit.
5. I am over 18 years of age. Yes / No (*circle one*)

WHEREFORE, Petitioner respectfully requests Your Honorable Court to enter an Order, granting leave to proceed in forma pauperis in the above captioned action.

Respectfully submitted,

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Petitioner

**AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED  
IN FORMA PAUPERIS**

1. I am the petitioner in the above matter and because of my financial condition am unable to pay the fees and costs.
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:

Name \_\_\_\_\_

Address \_\_\_\_\_

*(give full address)*

Petitioner's Social Security number is XXX-XX-\_\_\_\_\_ *(only provide last 4 digits)*

**A. Employment**

If you are presently employed, state

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Salary or wages per month \_\_\_\_\_

If you are presently unemployed, state

Date of last employment: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

**B. 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: \_\_\_\_\_

Workmen's compensation: \_\_\_\_\_

Public assistance: \_\_\_\_\_

**C. Other contributions to household support**

Contributions from children: \_\_\_\_\_

Contribution from parents: \_\_\_\_\_

Other contributions \_\_\_\_\_

**D. Property owned**

Cash: \_\_\_\_\_

Checking account: \_\_\_\_\_

Savings account: \_\_\_\_\_

Certificates of deposit: \_\_\_\_\_

Real estate (including home): \_\_\_\_\_

Motor vehicle: Make \_\_\_\_\_ Year \_\_\_\_\_ Cost \_\_\_\_\_

Amount owed \$ \_\_\_\_\_

Stocks; bonds: \_\_\_\_\_

Other \_\_\_\_\_

**E. Debts and obligations**

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loans: \_\_\_\_\_

Other: \_\_\_\_\_

**F. Persons dependent upon you for Support:**

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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.

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 which provides that if I knowingly make false averments, I may be subject to criminal penalties.

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Petitioner's Signature

Date: \_\_\_\_\_