

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

| Persons in family/household | Annual | Monthly |
|-----------------------------|----------|---------|
| | | |
| 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. | : | No. _____ |
| | : | |
| | : | |
| | : | |
| | : | |
| Defendant. | : | |

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
P E N N S Y L V A N I A

CIVIL DIVISION

| | | |
|------------|---|-------------------------------------|
| _____ | : | No. _____ of 20__ |
| Plaintiff, | : | Civil Action – Law |
| | : | |
| vs. | : | Type of Pleading: |
| | : | Petition to Proceed in Forma |
| | : | Pauperis |
| | : | |
| _____ | : | Filed on behalf of: |
| Defendant. | : | |
| | | _____ |
| | | (Your Name): |
| | | |
| | | Filing Party's Information: |
| | | Name: _____ |
| | | Address: _____ |
| | | _____ |
| | | _____ |
| | | Telephone #: _____ |

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
P E N N S Y L V A N I A

| | | |
|------------|---|-----------|
| 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,

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:

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.

Petitioner's Signature

Date: _____