Sample Form 5.2 (Poverty Affidavit)

| JANE SMITH DOE Pro Se 111 Any Street Philadelphia, PA 1910X (215) 123-4567 | Attorney for Plaintiff |
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| JANE SMITH DOE, Plaintiff vs. | COURT OF COMMON PLEASPHILADELPHIA COUNTYFAMILY DIVISION |
| JOHN DOE, Defendant | : TERM, : NO. |
|] | POVERTY AFFIDAVIT |
| | to file a Complaint in Divorce and because of my financial es and costs of prosecuting this action. |
| 2. I am unable to obtain funds from | n anyone, including my family and friends, to pay this fee. |
| 3. I represent that the information and correct: | below relating to my ability to pay the fees and costs is true |
| (a) Name: <u>(e) Jane Smith Doe</u> Address: <u>(f) 111 Any S</u> Social Security Number: | treet Philadelphia, PA 1910X |
| Employment (b) If you are presently employed Employer: Employer address: Salary or wages per month: Type of work: | , state: |
| Salary or wages per month: | |

| Other income within the past twelve months: | | | |
|---|------------------------------------|--|--|
| Business or profession: | | | |
| Other self-employment: | _ Support payments: | | |
| Interest: | Disability payments: | | |
| Dividends: Pension & annuities: | _ Unemployment compensation and/or | | |
| Pension & annuities: | supplemental benefits: | | |
| Social Security benefits: | Public assistance/welfare: | | |
| Worker'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 mon | | |
| Contributions from parents: | (per mon | | |
| Other contributions: | (per mon | | |
| | () 41 | | |
| (e) Property owned: | | | |
| Cash: | | | |
| Checking account: | Savings account: | | |
| Stocks, Bonds: | Certificates of deposit: | | |
| Real estate (including home): | 1 | | |
| Motor vehicle: Make | Year: | | |
| Cost: | Amount owed: | | |
| Other: | | | |
| | | | |
| (f) Debts and obligations: | | | |
| Mortgage: | Rent: | | |
| Loans: | Credit cards: | | |
| Utilities: | Tuition: | | |
| Other: | | | |
| | | | |
| (g) Persons dependent upon you for support: | | | |
| Child(ren) names: | Ages(s) | | |
| | | | |
| | | | |
| | | | |
| Others: Name(s) | Relationship | | |
| 5 11210. Traile(0) | Telutionship | | |
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4. I understand that I have a continuing obligation to inform the Court of improvement in my financial circumstances that would permit me to pay the costs incurred herein.

| 5. I verify that the statements made in this affidavit are true and correct. I understand that fals statements herein are subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn fals to authorities. | | | | |
|---|---------------------|-----|-----------------------------------|--|
| (h <u>)</u> Date | 1/04/06 e signed | (i) | Jane Smith Doe (j) JANE SMITH DOE | |

Filing the *In Forma Pauperis* Petition, Order, and Poverty Affidavit:

- Assemble the papers in the following order: Order, IFP Petition, and Poverty Affidavit (if appropriate).
- Make two copies of each page.
- Take the originals and copies, along with the original and two copies of the Divorce Complaint, to the Office of the Clerk of Family Court, 1501 Arch Street, Philadelphia, PA.
- A clerk will take all of these documents and stamp them with the Court Term and Number, and give you back two copies of each, one for you and one to be served on the Defendant.
- The clerk will then send your IFP Petition and Poverty Affidavit (if applicable) to a judge for review.
- You will be notified of the action taken by the judge. If your petition is denied, you will have to pay the filing fee before proceeding with the next step (service). If your petition is granted, go on to Step Two: Serving Your Spouse.

Attorney for Plaintiff

| | : | COURT OF COMMON PLEAS |
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| Plaintiff, | | PHILADELPHIA COUNTY |
| , | : | FAMILY DIVISION |
| VS. | | |
| | : | |
| | | TERM, |
| Defendant. | : | NO. |
| | | |
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| | POVERTY A | AFFIDAVIT |
| 1 I wish | h to filo o Comu | unlaint in Divorce and because of my financial |
| condition, I am unable to pay the fe | n to me a Comp | inplaint in Divorce and because of my financial |
| condition, I am unable to pay the le | es and costs of | or prosecuting this action. |
| 2. I am unable to obtain funds from | m anyone, inclu | cluding my family and friends, to pay this fee. |
| 3. I represent that the information and correct: | below relating | g to my ability to pay the fees and costs is true |
| (a) Name: | | |
| Address: | | |
| Social Security Number: | | |
| 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | - | |
| Employment | | |
| (b) If you are presently employ | yed, state: | |
| | | |
| Employer address: | | |
| Salary or wages per month | h: | |
| Type of work: | | |
| (c) If you are unemployed, sta | | |
| | | |
| | | |
| Type of work: | | |

| Other income within the past twelve months: | | | |
|---|--|--------------|--|
| Business or profession: | | | |
| Other self-employment: | Support payments: | | |
| Interest: | _Disability payments: | | |
| Dividends: | Disability payments: Unemployment compensation and/or supplemental benefits: | | |
| Pension & annuities: | | | |
| Social Security benefits: | Public assistance/welfare:_ | | |
| Worker'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) | |
| | Year: Amount owed: | | |
| Other: | | | |
| f) Debts and obligations: | | | |
| Mortgage: | Rent: | | |
| Loans: | Credit cards: | | |
| Utilities: | Tuition: | | |
| Other: | | | |
| (g) Persons dependent upon you for support: | | | |
| Child(ren) names: | | Ages(s) | |
| | | | |
| Others: Name(s) | | Relationship | |
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| 5. | I verify that the statements made in this affidavit are true and correct. I understand that fals statements herein are subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities. | |
| Dat | e signed | |