PETITION TO WAIVE FEES

(In Forma Pauperis)

&

ORDER

MUST BE ACCOMPANIED BY VERIFICATION OF INCOME OR PUBLIC ASSISTANCE

Pursuant to Pa.R.J.A. 1990 filing fees and other costs may be waived if:

(1) The party receives needs-based public assistance;
(2) The party has a gross income of less than 200% of the federal poverty guidelines AND less than $10,000 in assets excluding home and vehicle;
(3) The party would suffer substantial financial hardship upon consideration of the party's income, assets, expenses and other relevant factors set forth in Rule 1990(c)(2);
(4) Counsel from a legal aid organization or providing free legal services files a praecipe stating that the party is unable to pay the fees

A Petition for In Forma Pauperis status MUST be accompanied by verification of the income/financial status of the party (i.e. W-2, pay stub, proof of public assistance, EBT/ACCESS card with proof of current status, etc.)

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,	:	
	:	No. _____
vs.	:	
_____ 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. _____ - 20_____
Plaintiff,	:	Civil Action – Law
	:	
	:	Type of Pleading:
vs.	:	**Petition to Proceed in Forma**
	:	**Pauperis**
	:	
	:	
_____	:	Filed on behalf of:
Defendant.	:	

_____
(Your Name):

Filing Party's Information:

Name:_____

Address: _____

_____

_____

Telephone #: _____

Certificate of Compliance

I certify that this filing complies with the provisions of the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania that require filing confidential information and documents differently than non-confidential information and documents.

_____
Petitioner

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

PETITION TO PROCEED IN FORMA PAUPERIS

Petitioner respectfully represents that:

1. Petitioner _____ is the moving party in the above captioned action.

2. The information contained in the attached "Application to Waive Fees and Costs" is correct to the best of my knowledge and belief.

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

APPLICATION TO WAIVE FEES AND COSTS

Party Name: _____

Address / Residence: _____

_____

☐ 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 (copy of proof must be attached)

☐ 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 gross wages. I work as _____

My employer is: _____

$ _____ unemployment. I have been unemployed since _____

My previous employer was: _____

$ _____ money received from other people.

$ _____ Retirement / Pension; Disability; Worker's Comp, Social Security; Child / Spousal Support; Other

Please describe: _____

$ _____ 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
$ _____	Food and household supplies
$ _____	Utilities, including cell phone
$ _____	Clothing and other personal expenses
$ _____	Medical and dental expense / insurance
$ _____	Child care
$ _____	Transportation, including car payments and repairs
$ _____	Child and spousal support or alimony
$ _____	Other (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.

_____ _____

Signature Date