

LANDLORD TENANT APPEAL INFORMATION

MIDPENN LEGAL SERVICES

123 Baltimore Street, Suite 301
Gettysburg, PA 17325
800-326-9177 or 717-334-7624

MidPenn Legal Services

Coordinated Intake Unit

1-800-326-9177

YWCA SAFE HOME of Hanover PA

717-632-0007

www.ywcahanover.org/safehome.html

PA LAWYER & REFERRAL SERVICE

1-800-692-7375

STATE WEBSITE: PAlawhelp.org

ADAMS COUNTY WEBSITE: adamscounty *pa.gov*

ADAMS COUNTY CONTROL: 717-334-8101

SUPPLEMENTAL INSTRUCTIONS FOR OBTAINING A STAY OF EVICTION

******IMPORTANT****PLEASE READ THESE INSTRUCTIONS CAREFULLY!**

This document contains important information about your case. Failure to comply with any instructions provided in these materials may cause you to be evicted before your appeal or writ is heard.

1. **FOR TENANTS — SUPERSEDEAS:** If you are a tenant and you filed the notice of appeal or praecipe for writ of certiorari, you must pay money into an escrow account to remain in the property until your appeal or writ is decided. This is called a "supersedeas." The supersedeas will suspend the magisterial district court judgment and will prevent your eviction until your case is heard by a judge and a final decision is made on the appeal or writ. **IF YOU FAIL TO PAY YOUR MONTHLY RENT INTO ESCROW IN FULL AND ON TIME, YOU COULD BE EVICTED BEFORE YOUR APPEAL OR WRIT IS HEARD.**

Begin by looking at the income limits attached to these instructions.

If your income is below the income limits, complete a Tenant's Affidavit, pursuant to Pa.R.C.P.M.D.J. No. 1008(C)(2) or 1013(C)(2). These affidavits are available on the website of the Unified Judicial System of Pennsylvania at <http://www.pacourts.us/forms/for-the-public>. Then follow the instructions for low-income tenants below. There are several different options available; pick the option (A,B, or C) that best describes your situation.

If your income is higher than the income limits attached to these instructions, follow the instructions for D.

A. If you are a low-income tenant and there was a money judgment entered against you for non-payment of rent, and you **HAVE NOT** paid rent for the month in which the notice of appeal or praecipe for writ of certiorari is filed, you must:

1. File an in forma pauperis petition (a petition for low-income parties) pursuant to Pa.R.C.P. No. 240;
2. Pay one-third of your monthly rent into an escrow account with the prothonotary's office at the time the notice of appeal or praecipe for writ of certiorari ("praecipe") is filed;
3. Pay the remaining two-thirds (2/3) of your monthly rent into the escrow account within twenty (20) days of the date the notice of appeal or praecipe was filed; and
4. Pay your monthly rent on an ongoing basis into the escrow account in thirty (30) day intervals from the date the notice of appeal or praecipe was filed until the time of your trial.

B. If you are a low-income tenant, and there was a money judgment against you for non-payment of rent, and you **HAVE** paid rent for the month in which the notice of appeal or praecipe for writ of certiorari ("praecipe") is filed, you do not have to pay rent at the time you file your notice of appeal or praecipe. You must:

1. File an in forma pauperis petition (a petition for low-income parties), pursuant to Pa.R.C.P. No. 240;
2. Pay your monthly rent on an ongoing basis into an escrow account with the prothonotary in thirty (30) day intervals from the date the notice of appeal or praecipe was filed until the time of trial. It is important to count the thirty (30) days exactly

because the date of your payment will change depending on the number of days in a given month.

C. If you are a low-income tenant, and no money judgment was entered against you for non-payment of rent, you do not have to pay rent at the time you file your notice of appeal or praecipe for writ of certiorari ("praecipe"). *This option is to be used if at the magisterial district court hearing, the judge determined that you owed "zero" or "nothing" in rent.* You must:

1. File an in forma pauperis petition (a petition for low-income parties), pursuant to Pa.R.C.P. No. 240;
2. Pay your monthly rent on an ongoing basis into an escrow account with the prothonotary in thirty (30) day intervals from the date the notice of appeal or praecipe was filed until the time of your trial. It is important to count the thirty (30) days exactly because the date of your payment will change depending on the number of days in a given month.

D. If your income is higher than the income limits on the attached chart, you must:

1. Pay the fee to file a notice of appeal or praecipe for writ of certiorari ("praecipe");
2. Pay the lesser of three (3) months' rent or the amount of rent awarded to the landlord in magisterial district court into an escrow account with the prothonotary's office at the time the notice of appeal or praecipe is filed; and
3. Pay your monthly rent into the escrow account in thirty (30) day intervals from the date the notice of appeal or praecipe was filed until the time of trial. It is important to count the thirty (30) days exactly because the date on your payment will change depending on the number of days in a given month.

Notes on Landlord Appeals

Hand out the Tenant's Affidavit, Supplemental Instructions, and Income Limits.

Income below Limits

Complete Tenant's Affidavit

They pick option (A, B, C) that best described their situation.

(A) NOTE: Tenant has not paid rent for month in which notice of appeal is filed

- a. File In Forma Pauperism Petition to waive filing fee.
- b. Pay 1/3 of monthly rent to Prothonotary
- c. Pay 2/3 of rent into Prothonotary within 20 days of the date the notice of appeal was filed
- d. Pay monthly rent 30 days intervals from the date of the notice of appeal was filed

(B) NOTE: Tenant has paid rent for month to landlord in which notice of appeal was filed. Tenant does not pay rent at time of filing notice of appeal

- a. File In Forma Pauperis Petition to waive filing fee.
- b. Pay monthly rent in 30 days intervals from the date the notice of appeal was filed.

(C) NOTE: Tenant no rent was found to be due landlord

- a. File In Forma Pauperis Petition to waive filing fee.
- b. Pay monthly rent in 30 days intervals from the date of filing the notice of appeal

D. Income is higher than income limits

- a. Pay filing fee
- b. Pay lesser of 3 months rent or amount of rent awarded to landlord.
- c. Pay monthly rent into escrow account 30 days intervals from the date the notice of appeal was filed.

**Supreme Court of Pennsylvania
Civil Procedural Rules Committee**

Poverty Income Guidelines

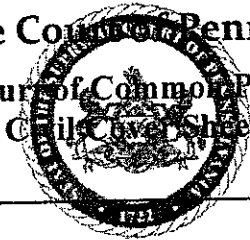
Pennsylvania Rule of Civil Procedure 3302(b) governs the attachment of wages, salary and commissions under Section 8127(a)(3.1) of the Judicial Code. The rule requires the prothonotary to attach to the Notice of Intent to Attach Wages “the most recent poverty income guidelines issued by the Federal Department of Health and Human Services as they appear on the web site of the Civil Procedural Rules Committee.” The guidelines for 2024 are set forth in the following chart:

**2024 HHS Poverty Income Guidelines
Expressed in Monthly Amounts**

Size of Family Unit	Poverty Guideline Monthly Amount
1	\$1255.00
2	1703.33
3	2151.67
4	2600.00
5	3048.33
6	3496.67
7	3945.00
8	4393.33
For each additional person, add	448.33

Supreme Court of Pennsylvania

Court of Common Pleas
Civil Cover Sheet



County _____

For Preliminary Use Only	TIME STAMP
Docket No. _____	

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

SECTION A

Commencement of Action: <input type="checkbox"/> Complaint <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Petition <input type="checkbox"/> Transfer from Another Jurisdiction <input type="checkbox"/> Declaration of Taking	
Lead Plaintiff's Name: _____	Lead Defendant's Name: _____
Are money damages requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dollar Amount Requested: <input type="checkbox"/> within arbitration limits (check one) <input type="checkbox"/> outside arbitration limits
Is this a <i>Class Action Suit</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an <i>MDJ Appeal</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Plaintiff/Appellant's Attorney: _____ <input type="checkbox"/> Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)	

SECTION B

Nature of the Case: Place an "X" to the left of the ONE case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

TORT (do not include Mass Tort) <input type="checkbox"/> Intentional <input type="checkbox"/> Malicious Prosecution <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Nuisance <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability (does not include mass tort) <input type="checkbox"/> Slander/Libel/ Defamation <input type="checkbox"/> Other: _____	CONTRACT (do not include Judgments) <input type="checkbox"/> Buyer Plaintiff <input type="checkbox"/> Debt Collection: Credit Card <input type="checkbox"/> Debt Collection: Other _____ <input type="checkbox"/> Employment Dispute: Discrimination <input type="checkbox"/> Employment Dispute: Other _____ <input type="checkbox"/> Other: _____	CIVIL APPEALS Administrative Agencies <input type="checkbox"/> Board of Assessment <input type="checkbox"/> Board of Elections <input type="checkbox"/> Dept. of Transportation <input type="checkbox"/> Statutory Appeal: Other _____ <input type="checkbox"/> Zoning Board <input type="checkbox"/> Other: _____
MASS TORT <input type="checkbox"/> Asbestos <input type="checkbox"/> Tobacco <input type="checkbox"/> Toxic Tort - DES <input type="checkbox"/> Toxic Tort - Implant <input type="checkbox"/> Toxic Waste <input type="checkbox"/> Other: _____	REAL PROPERTY <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Ground Rent <input type="checkbox"/> Landlord/Tenant Dispute <input type="checkbox"/> Mortgage Foreclosure: Residential <input type="checkbox"/> Mortgage Foreclosure: Commercial <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Other: _____	MISCELLANEOUS <input type="checkbox"/> Common Law/Statutory Arbitration <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Mandamus <input type="checkbox"/> Non-Domestic Relations <input type="checkbox"/> Restraining Order <input type="checkbox"/> Quo Warranto <input type="checkbox"/> Replevin <input type="checkbox"/> Other: _____
PROFESSIONAL LIABILITY <input type="checkbox"/> Dental <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional: _____		

NOTICE

Pennsylvania Rule of Civil Procedure 205.5. (Cover Sheet) provides, in part:

Rule 205.5. Cover Sheet

(a)(1) This rule shall apply to all actions governed by the rules of civil procedure except the following:

- (i) actions pursuant to the Protection from Abuse Act, Rules 1901 et seq.
- (ii) actions for support, Rules 1910.1 et seq.
- (iii) actions for custody, partial custody and visitation of minor children, Rules 1915.1 et seq.
- (iv) actions for divorce or annulment of marriage, Rules 1920.1 et seq.
- (v) actions in domestic relations generally, including paternity actions, Rules 1930.1 et seq.
- (vi) voluntary mediation in custody actions, Rules 1940.1 et seq.

(2) At the commencement of any action, the party initiating the action shall complete the cover sheet set forth in subdivision (e) and file it with the prothonotary.

(b) The prothonotary shall not accept a filing commencing an action without a completed cover sheet.

(c) The prothonotary shall assist a party appearing pro se in the completion of the form.

(d) A judicial district which has implemented an electronic filing system pursuant to Rule 205.4 and has promulgated those procedures pursuant to Rule 239.9 shall be exempt from the provisions of this rule.

(e) The Court Administrator of Pennsylvania, in conjunction with the Civil Procedural Rules Committee, shall design and publish the cover sheet. The latest version of the form shall be published on the website of the Administrative Office of Pennsylvania Courts at www.pacourts.us.

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

Judicial District, County Of

NOTICE OF APPEAL

FROM

DISTRICT JUSTICE JUDGMENT

COMMON PLEAS No.

NOTICE OF APPEAL

Notice is given that the appellant has filed in the above Court of Common Pleas an appeal from the judgment rendered by the District Justice on the date and in the case referenced below.

NAME OF APPELLANT		MAG. DIST. NO.	NAME OF D.J.	
ADDRESS OF APPELLANT		CITY	STATE	ZIP CODE
DATE OF JUDGMENT	IN THE CASE OF (Plaintiff)		(Defendant)	
DOCKET No.		SIGNATURE OF APPELLANT OR ATTORNEY OR AGENT		

<p>This block will be signed ONLY when this notation is required under Pa. R.C.P.D.J. No. 1008B. This Notice of Appeal, when received by the District Justice, will operate as a SUPERSEDEAS to the judgment for possession in this case.</p> <p style="text-align: center;">_____ Signature of Prothonotary or Deputy</p>	<p>If appellant was Claimant (see Pa. R.C.P.D.J. No. 1001(6) in action before a District Justice, A COMPLAINT MUST BE FILED within twenty (20) days after filing the NOTICE of APPEAL</p>
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PRAECIPE TO ENTER RULE TO FILE COMPLAINT AND RULE TO FILE

(This section of form to be used ONLY when appellant was DEFENDANT (see Pa.R.C.P.D.J. No. 1001(7) in action before District Justice. IF NOT USED, detach from copy of notice of appeal to be served upon appellee.

PRAECIPE: To Prothonotary

Enter rule upon _____, appellee(s), to file a complaint in this appeal
Name of appellee(s)

(Common Pleas No. _____) within twenty (20) days after service of rule or suffer entry of judgment of non pros.

Signature of appellant or attorney or agent

RULE: To _____, appellee(s)
Name of appellee(s)

(1) You are notified that a rule is hereby entered upon you to file a complaint in this appeal within twenty (20) days after the date of service of this rule upon you by personal service or by certified or registered mail.

(2) If you do not file a complaint within this time, a JUDGMENT OF NON PROS MAY BE ENTERED AGAINST YOU.

(3) The date of service of this rule if service was by mail is the date of the mailing.

Date: _____, 20

Signature of Prothonotary or Deputy

YOU MUST INCLUDE A COPY OF THE NOTICE OF JUDGMENT/TRANSCRIPT FORM WITH THIS NOTICE OF APPEAL.

PROOF OF SERVICE OF NOTICE OF APPEAL AND RULE TO FILE COMPLAINT

(This proof of service MUST BE FILED WITHIN TEN (10) DAYS AFTER filing of the notice of appeal. Check applicable boxes.)

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____ ; ss

AFFIDAVIT: I hereby (swear) (affirm) that I served

- a copy of the Notice of Appeal, Common Pleas No. _____, upon the District Justice designated therein on
(date of service) _____, 20____, by personal service by (certified) (registered) mail,
sender's receipt attached hereto, and upon the appellee, (name) _____, on
_____, 20____ by personal service by (certified) (registered) mail,
sender's receipt attached hereto.

(SWORN) (AFFIRMED) AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____, 20____.

Signature of affiant

Signature of official before whom affidavit was made

Title of official

My commission expires on _____, 20____.

**IN THE COURT OF COMMON PLEAS FOR ADAMS COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW**

Name **PLAINTIFF**

vs.

CASE NO. _____

Name **DEFENDANT 1**

and (if applicable)

Name **DEFENDANT 2**

CERTIFICATE OF COMPLIANCE

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

Signature: _____
Petitioner

Date: _____

Print Name: _____

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS
County Of

PLAINTIFF:

NAME and ADDRESS

DEFENDANT:

NAME and ADDRESS

VS.

Common Pleas Docket No.

TENANT'S SUPERSEDEAS AFFIDAVIT (NON-SECTION 8)
FILED PURSUANT TO Pa.R.C.P.M.D.J. No. 1008C(2)

I, _____ (print name and address here),
have filed a notice of appeal from a magisterial district court judgment awarding to my landlord possession
of real property that I occupy, and I do not have the financial ability to pay the lesser of three (3) times my
monthly rent or the judgment for rent awarded by the magisterial district court. My total household income
does not exceed the income limits set forth in the supplemental instructions for obtaining a stay pending
appeal and I have completed an in forma pauperis (IFP) affidavit to verify this. I have/have not (cross out the
one that does not apply) paid the rent this month.

I verify that the statements made in this affidavit are true and correct to the best of my knowledge,
information and belief. 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

SIGNATURE OF TENANT

COMMONWEALTH OF PENNSYLVANIA

COURT OF COMMON PLEAS

County Of

PLAINTIFF:

NAME and ADDRESS

DEFENDANT:

NAME and ADDRESS

VS.

Common Pleas Docket No.

**SECTION 8 TENANT'S SUPERSEDEAS AFFIDAVIT
FILED PURSUANT TO Pa.R.C.P.M.D.J. No. 1013C(2)**

I, _____ (print name and address here),

have filed a praecipe for a writ of certiorari to review a magisterial district court judgment awarding my landlord possession of real property that I occupy, and I do not have the financial ability to pay the lesser of three (3) times my monthly rent or the actual rent in arrears. My total household income does not exceed the income limits set forth in the instructions for obtaining a stay pending issuance of writ of certiorari and I have completed an in forma pauperis (IFP) affidavit to verify this. I have/have not (cross out the one that does not apply) paid the rent this month.

The total amount of monthly rent that I personally pay to the landlord is \$_____. I hereby certify that I am a participant in the Section 8 program and I am not subject to a final (i.e., non-appealable) decision of a court or government agency which terminates my right to receive Section 8 assistance based on my failure to comply with program rules.

I verify that the statements made in this affidavit are true and correct to the best of my knowledge, information and belief. 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

SIGNATURE OF TENANT

County of Adams

Courts' Self-Help Center – Packets

APPLICATION FOR IN FORMA PAUPERIS (IFP)

This packet contains information, forms, and instructions on how to file a Petition to ask the Court to excuse the paying of court costs or to declare an economic hardship related to obtaining transcripts.

DISCLAIMER

Court staff are not able to give you legal advice or help you fill out these forms. The information in this packet is not a substitute for professional legal advice. The Court, the Adams County Bar Association and the Family Law Committee assume no responsibility and accept no liability for actions taken by users of these documents, including reliance on their contents. If you want to obtain the services of an attorney but do not know whom to contact, please call the Pennsylvania Lawyer Referral Service at 1-800-692-7375. A list of Attorneys Practicing in Adams County available for consultation on filling out self-help custody and divorce forms can be obtained by inquiring with the Prothonotary, Law Library, Adams County Children and Youth Services, Adams County Domestic Relations Office, the Office of the Court Administrator, or by consulting the Courts' Online Self Help Center at www.adamscountypa.gov under the "Courts" link.

Packet Last Updated: May 20, 2019

In this Packet:

- **Information and Instructions (consists of two pages page)**
- **Confidential Document Form (“CDF”) (consists of two pages)**
- **IFP Order of Court (consists of one page)**
- **IFP Petition and Affidavit, Verification, and Consent (consists of five pages)**

INFORMATION AND INSTRUCTIONS

Normally, when you start a case in Court, you have to pay various costs and fees. In Pennsylvania, a person may be excused from paying these fees **IF** the person is without financial resources to pay the costs of litigation. See Pennsylvania Rule of Civil Procedure 240. The technical name for this status is “in forma pauperis” or IFP.

In order to ask for IFP status, you must file a “Petition to Proceed In Forma Pauperis and Affidavit” and a “Verification” with the Court, in which you give the Court detailed information about your financial situation. These forms are attached to these instructions, along with a form Order of Court.

This packet may also be used by a party who is declaring an economic hardship and seeking to obtain a transcript of a Court proceeding, as permitted by Pennsylvania Rule of Judicial Administration 4008(B).

You should complete, sign, and date the Petition to Proceed In Forma Pauperis and Affidavit and Verification. Complete the caption **exactly** as it appears on all of the pleadings in your case. Indicate whether you are the plaintiff, defendant, or other in this action by checking the correct box. **Make sure that all of the requested information, including the financial information, is complete. If some of the questions don’t apply to you, then write ‘None’ or ‘N/A.’** If you do not answer all of the questions, your petition may be denied. Complete the caption on the Order of Court but leave the rest of the Order of Court blank. The Judge will fill in the rest of the Order of Court. File the **blank** Order of Court, the **completed** Petition, and one **copy** of each. You must also submit a self-addressed stamped envelope along with your documents. You should keep an additional copy of each of these documents for your records. The filing office will then forward the documents to the Judge for consideration. Once the Judge acts on the Petition, the filing office will send a copy of the signed Order of Court to you in the stamped envelope you provided.

All requests to proceed In Forma Pauperis require the completion of a Petition to Proceed In Forma Pauperis Form and an Affidavit and Verification Form. A requestor will need to file these forms with the appropriate filing office:

- For an In Forma Pauperis request related to criminal, delinquency, dependency or summary appeal matters at the Common Pleas level, the request will be filed at the Adams County Clerk of Courts Office
- For an In Forma Pauperis request related to Orphans’ Court matters, the request will be filed at the Adams County Clerk of the Orphans’ Court Office
- For an In Forma Pauperis request related to civil matters the Common Pleas level, the request will be filed at the Adams County Office of the Prothonotary

- For an In Forma Pauperis related to domestic relations matters, the request will be filed at the Adams County Domestic Relations Section

If you have been granted a protective order pursuant to the Protection from Abuse Act or the Protection for Victims of Sexual Violence or Intimidation Act, you are not required to list your address, your current employer's name, or your current work schedule. Instead, you should list that information on a separate form, called the "confidential Information Form" and submit it to the correct filing office with your Petition. The Confidential Information Form is a separate form that can be found outside of the Law Library on the third floor of the Adams County Courthouse.

You must fill out the Confidential Document Form ("CDF") that is attached to this packet. Normally, all documents which are filed at a filing office, are public records. This means, that anyone can view these documents. The CDF protects you, and all of your financial information, by sealing this document from public view. You must fill out the caption on the CDF. Check the boxes: "financial source documents," and "wage stubs, earning statements, or other similar documents" Beside the boxes, list where in the document this information can be found. Then sign, date, and write your printed name and address on the form, in the spaces provided. If you need any further assistance in filling out this document, please consult the "Instructions for Completing the Confidential Document Form," which is page two of the CDF. Once this form is filled out, you will then file it with the Prothonotary.

After the Judge reviews your petition, the Judge will enter the Order of Court, either granting or denying you permission to proceed IFP. If your petition is granted, you will not have to pay the filing fee, service fee, or other "costs of litigation." Please note, that the IFP status is only granted for 45 days. If 45 days have elapsed since the IFP status was granted, then you will need to refile a brand new IFP petition. You will only need to file a new IFP petition if there is something currently pending before the Court or you are filing a new claim with the Court and you wish for IFP status to be granted. If the Judge denies your petition, you will be responsible for paying these costs. You have the right to appeal the Judge's decision. An appeal can be complicated and may involve hiring an attorney.

IN THE COURT OF COMMON PLEAS FOR ADAMS COUNTY, PENNSYLVANIA

Name **PLAINTIFF**

vs.

CASE NO. _____

Name **DEFENDANT 1**

and (if applicable)

Name **DEFENDANT 2**

ORDER OF COURT

AND NOW, this _____ day of _____, 20____, upon presentation and consideration of the attached, verified, Petition to Proceed In Forma Pauperis, IT IS ORDERED THAT:

_____ Petitioner's request to proceed IFP is granted.

_____ Petitioner's request to proceed IFP is denied.

_____ Petitioner is ordered to remit the required filing fees to the Prothonotary within ten days of the date of this Order.

Parties permitted to proceed In Forma Pauperis must inform the Court of improvement in their financial circumstances which will enable them to pay costs. In the event that the party filing the Petition retains counsel, the costs waived by this Order shall be due and payable within thirty (30) days of the entry of appearance of counsel or the appearance of counsel at any proceeding, unless, prior to the said proceeding Pa.R.C.P. 240(d) and the subparagraphs thereof are complied with in full, including the filing of: a certification by the attorney that he or she is providing free legal services to the party and that he or she believes the party is unable to pay the cost; and the affidavit required by Pa.R.C.P. 240(d)(1)(ii).

THIS IFP STATUS, IF GRANTED, SHALL EXPIRE FORTY-FIVE (45) DAYS FROM THE DATE ABOVE.

BY THE COURT:

Judge

IN THE COURT OF COMMON PLEAS FOR ADAMS COUNTY, PENNSYLVANIA

_____ Name	PLAINTIFF	:	
		:	
	vs.	:	CASE NO. _____
		:	
_____ Name	DEFENDANT 1	:	
	and (if applicable)	:	
		:	
_____ Name	DEFENDANT 2	:	

PETITION TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE COURT:

I hereby certify that I am without financial resources to pay the fees and costs associated with my case and therefore request *in forma pauperis* status. In support of my Petition, I attach an Affidavit which fully and truthfully describes my current income and financial condition. I attach the required documents to the Confidential Document Form as follows:

- My most recent year to date pay stub and the pay stub of any adults who reside with me.
- If pay stubs are not available, a notarized statement from my employer, and a notarized statement from employer of any adults who reside with me, indicating my and their monthly wages.
- If not employed, a copy of the most recent spousal support, retirement, disability, social security, workers' compensation or unemployment compensation or other income and benefit statements.
- I am unemployed and receive no other income or benefits.

WHEREFORE, I request to proceed *in forma pauperis*, without the need to pay fees and costs in the above-captioned case. I verify that the statements made in this Petition are true and correct. I understand that false statements made are subject to the criminal penalties under 18 Pa.C.S. §4904 (unsworn falsification to authorities).

Respectfully submitted,

Date

Signature of *in forma pauperis* Petitioner

AFFIDAVIT

READ BEFORE ANSWERING: YOU MUST ANSWER EVERY QUESTION. IF THERE IS NO AMOUNT TO BE ENTERED, YOU SHOULD CHECK THE BOX 'NONE' OR WRITE 'N/A.' FAILURE TO DO SO MAY RESULT IN DENIAL OF YOUR REQUEST FOR IN FORMA PAUPERIS STATUS.

1. I am the plaintiff, defendant, or other in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending this action or proceeding.
 Check if only filing for consideration of economic hardship related to obtaining a transcript.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.

I represent that the information below is true and correct:

(a) Name: _____
Address: _____
Telephone: _____

(b) Employment:

Are you currently employed: YES NO

If you answered 'NO', complete the following:

Date of your last day of employment: _____

Salary or wages: \$ _____ Type of work: _____

If you answered 'YES', complete the following:

Employer or Self Employed: _____

Employer address: _____

Telephone: _____ Email: _____

Salary or wages: _____ weekly bi-weekly monthly

Type of work: _____

I ATTACH TO THE CONFIDENTIAL DOCUMENT FORM A COPY OF MY MOST RECENT PAY STUB(S) SHOWING MY EARNINGS YEAR TO DATE OR A NOTARIZED STATEMENT FROM MY EMPLOYER SHOWING MY WAGES. I ALSO ATTACH A COPY OF MY MOST RECENT TAX RETURN TO THE CONFIDENTIAL DOCUMENT FORM.

(c) Other income within the past twelve months (list amount and source):

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and annuities: _____

Social security benefits: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and supplemental benefits: _____
Workers' compensation: _____
Public assistance: _____
Other income: _____

I ATTACH TO THE CONFIDENTIAL DOCUMENT FORM A COPY OF MY LETTER GRANTING DENYING (check one) BENEFITS AND ATTACH A COPY OF MY BENEFIT STATEMENT(S).

(d) (1) **Contributions** to household expenses by other adult household members:

Name(s): _____

Are any of the adult household members employed? YES NO

Employer: _____

Salary or wages: _____ weekly bi-weekly monthly

Type of work: _____

Other contributions to household expenses: \$ _____

NONE- if the answer is 'None' skip to (e)

(2) **Contributions** to household expenses by other adult household members:

Name(s): _____

Are any of the adult household members employed? YES NO

Employer: _____

Salary or wages: _____ weekly bi-weekly monthly

Type of work: _____

Other contributions to household expenses: \$ _____

NONE

(3) **Contributions** to household expenses by other adult household members:

Name(s): _____

Are any of the adult household members employed? YES NO

Employer: _____

Salary or wages: _____ weekly bi-weekly monthly

Type of work: _____

Other contributions to household expenses: \$ _____

NONE

(If additional household members, please attach additional sheets as necessary.)

I ATTACH TO THE CONFIDENTIAL DOCUMENT FORM COPIES OF THEIR MOST RECENT PAY STUB SHOWING THEIR EARNINGS OR A NOTARIZED STATEMENT FROM THEIR EMPLOYER SHOWING THEIR WAGES.

(e) Property owned:

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____
Motor vehicle: _____
 Make: _____ Year: _____
 Monthly payment: _____ Amount owed : _____
Stocks and bonds: _____
Other: _____

f) Debts and obligations:

My regular monthly living expenses are \$ _____ as follows:
Mortgage/rent: _____ Loans: _____
Electricity: _____ Heating: _____
Water/sewer: _____ Food: _____
Transportation: _____ Clothing: _____
Medical: _____ Other (specify): _____

g) Persons in my household dependent upon me for support (name, age, relationship):

	<u>Name</u>	<u>Age</u>
Spouse:	_____	_____
Children (Initials ONLY):	_____	_____
	_____	_____
Other Persons:	_____	_____
	_____	_____

4. 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.

5. 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.

WHEREFORE, I hereby request that the Court permit me to proceed *in forma pauperis*.

Date: _____ Signature: _____

Petitioner

VERIFICATION

I verify that I am the petitioner in the present action and that the facts and statements contained in the above Petition to Proceed In Forma Pauperis and Affidavit are true and correct to the best of my knowledge. I understand that any false statements would subject me to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Date: _____ Signature: _____

Petitioner

IN THE COURT OF COMMON PLEAS FOR ADAMS COUNTY, PENNSYLVANIA

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, having filed with the Court an Affidavit requesting In Forma Pauperis Status standing, hereby consent to the release of any information which may be requested by the Judges of the Court of Common Pleas of Adams County, or by any employee of Adams County acting on the behalf and at the direction of any said Judge, relating to any Unemployment Compensation, Worker's Compensation, Social Security, Department of Public Welfare or Black Lung benefits which I may receive from any county, state or federal agency which administers or handles processing of any of the above described benefits. This consent shall also authorize the release to the said Court or its designee of any information as to any compensation I am receiving, or have received in the past twelve (12) months, from any full or part time employment of any type whatsoever.

This consent shall remain in effect for a period of twelve (12) months here from. A copy or FAX of this release shall have the same legal effect as the original.

Social Security Number: _____ - _____ - _____

Board of Assistance Number (food stamps, SNAP, cash assistance, etc.): _____

Date: _____

Signature

**CONFIDENTIAL
DOCUMENT FORM**



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania

204 Pa. Code § 213.81

www.pacourts.us/public-records

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Document Form shall accompany a filing where a confidential document is required by law, ordered by the court, or is otherwise necessary to effect the disposition of a matter. This form shall be accessible to the public, however the documents attached shall not be publicly accessible, except as ordered by a court. The documents attached will be available to the parties, counsel of record, the court, and the custodian. **Please only attach documents necessary for the purposes of this case.** Complete the entire form and check all that apply. This form and any additional pages must be served on all unrepresented parties and counsel of record.

Type of Confidential Document	Paragraph, page, etc. where the confidential document is referenced in the filing:
<input type="checkbox"/> Financial Source Documents	
<input type="checkbox"/> Tax Returns and schedules	
<input type="checkbox"/> W-2 forms and schedules including 1099 forms or similar documents	
<input type="checkbox"/> Wage stubs, earning statements, or other similar documents	
<input type="checkbox"/> Credit card statements	
<input type="checkbox"/> Financial institution statements (e.g., investment/bank statements)	
<input type="checkbox"/> Check registers	
<input type="checkbox"/> Checks or equivalent	
<input type="checkbox"/> Loan application documents	
<input type="checkbox"/> Minors' educational records	
<input type="checkbox"/> Medical/Psychological records	
<input type="checkbox"/> Children and Youth Services' records	
<input type="checkbox"/> Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.C.P. No. 1920.33	
<input type="checkbox"/> Income and Expense Statement as provided in Pa.R.C.P. No. 1910.27(e)	
<input type="checkbox"/> Agreements between the parties as used in 23 Pa.C.S. §3105	

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.

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

**CONFIDENTIAL
DOCUMENT FORM**



Instructions for Completing the Confidential Document Form

The following documents are confidential and shall be filed with a court or custodian with the "Confidential Document Form":

1. Financial Source Documents as listed on the form
2. Minors' educational records
3. Medical/Psychological records are defined as "records relating to the past, present, or future physical or mental health or condition of an individual"
4. Children and Youth Services' records
5. Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.C.P. No. 1920.33
6. Income and Expense Statement as provided in Pa.R.C.P. No. 1910.27(c)
7. Agreements between the parties as used in 23 Pa.C.S. § 3105

For each confidential document, list the paragraph, page, etc. where the document is referenced in the filing. Please note, this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.)

- **Please only attach documents necessary for the purposes of this case.**
- Complete the entire form and check all that apply.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party's or attorney's failure to comply shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed; a magisterial district court may do so upon request or its own initiative. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**CONFIDENTIAL
INFORMATION
FORM**



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania
204 Pa. Code § 213.81
www.pacourts.us/public-records

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>_____ Social Security Number (SSN):</p> <p>_____ Financial Account Number (FAN):</p> <p>_____ Driver License Number (DLN):</p> <p>_____ State of Issuance:</p> <p>_____ State Identification Number (SID):</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>_____ Social Security Number (SSN):</p> <p>_____ Financial Account Number (FAN):</p> <p>_____ Driver License Number (DLN):</p> <p>_____ State of Issuance:</p> <p>_____ State Identification Number (SID):</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>



**CONFIDENTIAL
INFORMATION
FORM**



Additional page(s) attached. _____ total pages are attached to this filing.

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.

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.

**CONFIDENTIAL
INFORMATION
FORM**



Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>
<p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>
<p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>



**CONFIDENTIAL
INFORMATION
FORM**



Instructions for Completing the Confidential Information Form

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
6. Abuse victim's address and other contact information, including employer's name, address and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim's name. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.C.P. No. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.C.P. No. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof; a magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.