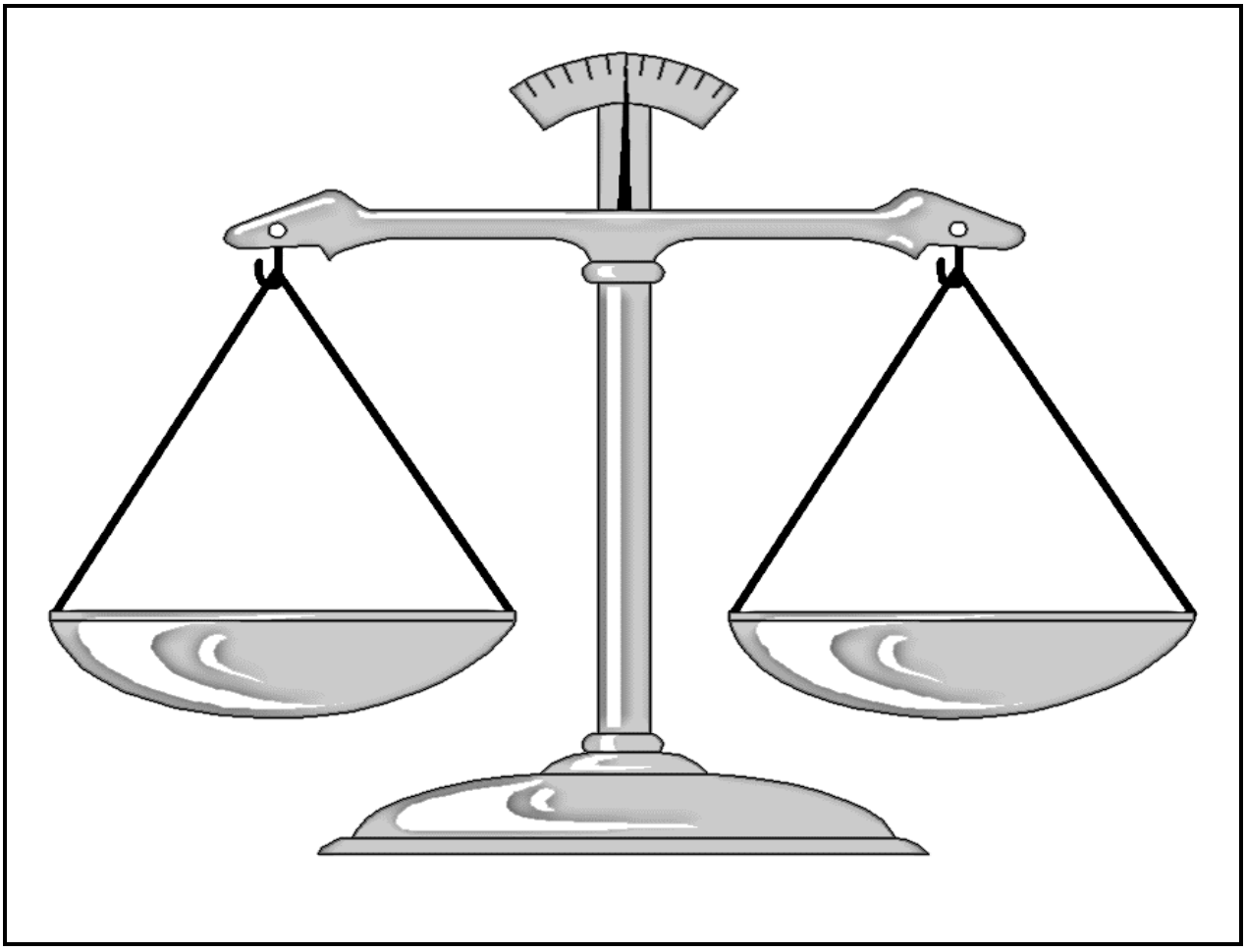

LYCOMING COUNTY
Petition to Proceed Without Payment of Fees and Costs
SELF-HELP KIT

REMEMBER

The law often changes. Each case is different. This self-help kit is meant to give you general information and not give you specific legal advice.

INTRODUCTION

Usually, fees must be paid in order to file court documents. However, if you feel you do not have enough money to pay these fees, you may ask to file documents without paying the fees.

This kit will help you file the forms to ask the Judge to let you file for free. You will need to tell the Judge about your financial situation so the Judge can decide whether or not you should pay the fees.

1. FIRST FORM – ORDER TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS

- If you DO NOT have an existing case: Complete the caption (heading) by printing your name as the Plaintiff and the other party's name as the Defendant. Use middle initials and print neatly. Fill in the caption only—leave the rest of the page blank. This is for the Judge to fill out.

- If you ALREADY HAVE an existing case: USE THE SAME CAPTION AS IN THAT CASE. Your caption will never change. The same person who is listed as the Plaintiff in your case must be the Plaintiff in this petition. The same person listed as Defendant in your case must be the Defendant in this petition. You should also use the same case number that appears on your case. Fill in the caption only—leave the rest of the page blank. This is for the Judge to fill out.

2. SECOND FORM – PETITION TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS

Fill out the caption as on the first form (instructions above). The rest of this form is quite clear. You are asked to fill in facts about your personal finances. Be sure to include income from all sources, including government benefits like Public Assistance, unemployment compensation, and food stamps. Don't forget money your spouse receives, if you are married; from your parents if they help you; from friends or other family members; or from child support. Finally, identify all persons who depend on your income for support, including children who live with you. Do not list the children's names—only their initials and ages.

Section 4 makes you promise that you will tell the Court about any improvement in your financial situation that might permit you to pay some or all of the costs at a later date.

Section 5 makes you promise that all the information you gave in this form is true, and that you understand that if you intentionally give false information, you could be charged with the crime of unsworn falsification.

Finally, date the form, sign the form, and print your name.

COPIES

After you have completed these two forms, make one copy of each.

COPY FEES WILL NOT BE WAIVED and the cost of copies in the Office of the Prothonotary/ Clerk of Courts is $0.25 per page.

FILING

Take the originals and the copies to the Prothonotary's Office on the first floor of the Lycoming County Courthouse at 48 West Third Street, Williamsport, on any weekday (Monday through Friday) between 8:30 a.m. and 5:00 p.m. There will *not* be a cost to file these forms.

Once the judge reviews your information, the judge will make a decision. You will receive a copy of the Judge's Order. If the Judge grants your petition, you will not have to pay the fees. If the court denies your petition, you will have to pay the fees before your court action proceeds.

Rule 1990. Application to Waive Fees and Costs (*In Forma Pauperis*)

(a) **Scope.** To the extent authorized by procedural rule, this rule shall govern the procedure for waiving the initial filing fee and such other fees and costs associated with a legal action:

(1) imposed or authorized by an Act of Assembly or general rule, and payable to a court, filing office, or public officer or employee; or

(2) required for the posting of a bond or other security for costs as a condition for commencing a legal action.

(b) **Information.** If a party is unable to pay the initial filing fee and such other fees and costs associated with a legal action, the payee shall provide the party with information about seeking a waiver of fees and costs pursuant to this rule.

(c) **Eligibility.** A party may seek a waiver of the initial filing fee and such other fees and costs associated with a legal action on any of the following bases:

(1) **Without Financial Resources.** A party seeking a waiver shall complete and submit an application so the court can determine whether the party is without financial resources to pay the fees and costs associated with the legal action. A party shall be deemed without financial resources if the party:

(i) Receives needs-based public assistance (including, but not limited to, Supplemental Nutrition Assistance Program (SNAP), Medicaid, Supplemental Security Income (SSI), or Temporary Assistance to Needy Families (TANF)); or

(ii) Meets the following income and asset requirement:

(I) gross income (*i.e.,* before taxes and other deductions) that is 200% or less than the federal poverty guidelines for the party's household size; and

(II) assets less than $10,000, excluding the party's home and one vehicle.

(2) **Substantial Financial Hardship.** A party seeking a waiver shall complete and submit an application so the court can determine whether the party will suffer a substantial financial hardship, which means the party is or will be unable to fully meet their basic human needs or obligations including, but not limited to, nutrition, housing, utilities, health, transportation, care of dependents, or other areas of essential need, by paying the fees and costs associated with the legal action based upon:

(i) the party's gross income, assets, and expenses;

(ii) the number of minor children or adult children, who are incapable of self-support due to a physical or mental disability, that the party is supporting, including a child support obligation;

(iii) employment history;

(iv) other available financial resources, including resources from individuals who have a duty of support to the party; and

(v) other factors affecting the party's income, assets, or expenses.

(3) **Representation of Counsel.** A party represented by counsel practicing in a legal aid organization or providing the party with free legal services shall receive a waiver from the filing office upon *praecipe* of counsel stating that counsel reasonably believes the party is unable to pay the fees and costs associated with the legal action.

(d) **Timing.**

(1) The application or *praecipe* shall be filed at the same time as or after the commencement of the legal action, not before.

(2) The filing office shall docket the legal action and the application or *praecipe* without the party paying the filing fee.

(3) If the court denies the application, the party shall pay the filing fee for commencing the action within 30 days of notification of the denial. The party may not proceed in the action, so long as the fee remains unpaid, except that the party may appeal the denial or obtain

permission from the court to proceed.

(4) If a party commences an action and later files an application or *praecipe* to waive fees and costs, the filing office shall not refund the fees and costs previously paid.

(e) **Court Action.** The court or an individual designated by the court shall review all applications to determine immediate eligibility. The court should enter its order determining the application within 20 days of its filing date.

(1) If a party is deemed eligible for a waiver, the court shall grant the application without a hearing.

(2) If the court cannot determine eligibility solely on the application, then the court may direct the party to submit supplemental information to complete or substantiate the application.

(3) The court may deny an application without argument or a hearing.

(4) The court may hold an *ex parte* record hearing if the application is of arguable merit or the court wishes to solicit further information.

(5) The court may vacate its order granting an application if the court later finds that the application or supplemental information was materially inaccurate or the party is able to pay the fees and costs.

(6) If the court denies an application, or modifies or vacates an order previously granting an application, the court shall state in its order:

(i) the reason for its decision; and

(ii) that the party has 30 days to pay the filing fees or the action will be terminated without further notice.

(7) Upon *praecipe* of counsel pursuant to subdivision (c)(3), a party shall be deemed to have received a waiver without further action of the court.

(f) **Notice. Termination. Reinstatement.**

(1) The filing office shall serve the court's order upon the party.

(2) If at least 30 days have passed after the filing office has served an order denying the application, the fee remains unpaid, and an appeal has not been filed, the filing office shall enter an appropriate order terminating the legal action.

(3) The court may reinstate the legal action for good cause shown.

(g) **Recovery of Fees and Costs.**

(1) If the party receiving a waiver obtains a money judgment or settlement, the court shall order the party paying the judgment or settlement to pay the previously waived fees and costs to the filing office as part of the litigation's taxed costs.

(2) Under no circumstances shall taxed costs for the waived fees and costs be paid to the party who has received a waiver.

(h) **Continuing Obligation and Waiver.**

(1) A party or counsel receiving a waiver of fees and costs has a continuing obligation to inform the court of an improvement in the party's financial circumstances that would enable the party to pay any waived fees and costs.

(2) A waiver obtained on the basis of subdivision (c)(1) or (c)(2) shall continue throughout the litigation of the legal action, including any appeals, unless the duration of the waiver is specifically limited in the order granting the waiver or the order is modified or vacated by a subsequent order.

(3) A court may order a party to re-apply for a waiver on the basis of subdivision (c)(1) or (c)(2) and modify or vacate an existing waiver.

(4) Subject to subdivision (h)(1), a waiver obtained on the basis of subdivision (c)(3) shall continue throughout the litigation of the legal action regardless of whether counsel withdraws.

(i) **Application Form.** The application required by subdivision (c) shall be substantially in the following form:

_____,	:	**IN THE COURT OF COMMON PLEAS OF**
Plaintiff	:	**LYCOMING COUNTY, PENNSYLVANIA**
	:	
vs.	:	
	:	
_____,	:	**NO. _____**
Defendant	:	

ORDER

AND NOW, this _____ day of _____, 20____, the Court having reviewed the Application to Waive Fees and Costs, it is hereby ORDERED and DIRECTED that:

- ❑ the request of _____, to proceed pursuant to Pa.R.J.A. No. 1990 and waive fees and costs is GRANTED.
- ❑ the request of _____, to proceed pursuant to Pa.R.J.A. No. 1990 and waive fees and costs is DENIED for the following reason(s):

  _____ Application is incomplete.

  _____ Petitioner's income exceeds income guidelines.

  _____ Petitioner's assets exceed asset guidelines.

  _____ Other: _____.

  and the applicant has thirty (30) days to pay the filing fee or the action will be terminated without further notice.

BY THE COURT:

_____
J.

Distribution:

_____

_____,	**:**	**IN THE COURT OF COMMON PLEAS OF**
Plaintiff	**:**	**LYCOMING COUNTY, PENNSYLVANIA**
	:	
vs.	**:**	
	:	
_____,	**:**	**NO. _____**
Defendant	**:**	

APPLICATION TO WAIVE FEES AND COSTS

EACH QUESTION MUST BE ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN A DENIAL. IF A QUESTIONS REFERS TO INCOME OR PROPERTY THAT YOU DO NOT HAVE, YOU SHOULD ANSWER "NONE."

PARTY INFORMATION

Party Name: _____
First Middle Last

Residence: _____

City, State, Zip: _____

☐ Check this box if you are currently without a house or apartment.

PUBLIC BENEFITS

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 ☐ NO

If you answered YES, skip the remainder of the form and sign/date the VERIFICATION on the last page.

HOUSEHOLD MEMBERS

I am providing the following information about people who live with me.

I support ____ adult children who are incapable of self-support due to physical or mental disability.

I support ____ children under age 18.

GROSS MONTHLY INCOME
(income before paying taxes and other deductions)

Employment

Monthly gross wages: $_____

I work as a _____ for _____.
job title or description name of employer

Unemployment Compensation

Monthly unemployment benefit: $_____

I have been unemployed since _____.

My last employer was _____.

Other Sources of Income

Money received from other people: $_____

Retirement / Pension: $_____

Disability Benefits: $_____

Workers' Compensation: $_____

Child / Spousal Support: $_____

Social Security: $_____

Other Sources (_____): $_____
description

Total Monthly Gross Income (from all sources above): $_____

ASSETS (Current Value)

Cash: $_____

Bank Accounts or Other Financial Assets: $_____

Primary Vehicle: $_____

Other Vehicles: $_____

House: $_____

Other Real Estate: $_____

Other Property: $_____

Total Value of Property: $_____

MONTHLY EXPENSES

Rent/Mortgage Payment: $_____

Food and Household Supplies: $_____

Utilities (Including Cell Phone): $_____

Clothing and Personal Expense: $_____

Medical and Dental Expenses/Insurance: $_____

Child Care: $_____

Transportation (including car payments & repairs): $_____

Child and Spousal Support or Alimony: $_____

Other Expenses:

_____ $_____
Description

_____ $_____
Description

_____ $_____
Description

Total Monthly Expenses: $_____

ADDITIONAL INFORMATION

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 homelessness, health issues, disability, or other financial hardships?

_____

_____

_____

_____

_____

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: _____

Printed Name: _____ Phone Number: _____