

TIOGA COUNTY, PENNSYLVANIA

IFP SELF-HELP PACKAGE

*Prepared by the Tioga County Bar Association for use by indigent pro se litigants
in Tioga County, Pennsylvania*

THIS PACKAGE IS FOR USE WHEN YOU CANNOT AFFORD TO PAY THE FILING FEE IN A NEW CUSTODY CASE AND YOU ARE ASKING THE COURT TO WAIVE THE FILING FEE

- IF YOU AND THE OTHER PARENT HAVE AN AGREEMENT ON HOW CUSTODY SHOULD BE HANDLED, BUT THERE IS NO CUSTODY ORDER IN EFFECT YET, YOU WILL NEED THE 'NEW CUSTODY AGREEMENT SELF-HELP PACKAGE.'
- IF YOU WANT TO FILE A NEW CUSTODY CASE WITHOUT AN AGREEMENT AND NO CUSTODY ORDER IS IN EFFECT YET, YOU WILL NEED THE 'CUSTODY COMPLAINT SELF-HELP PACKAGE.'
- IF YOU AND THE OTHER PARENT HAVE AGREED TO MODIFY AN EXISTING CUSTODY ORDER, YOU WILL NEED THE 'CUSTODY MODIFICATION AGREEMENT SELF-HELP PACKAGE.'
- IF THERE IS ALREADY A CUSTODY ORDER IN EFFECT AND YOU WANT TO MODIFY IT, BUT THE OTHER PARENT DOES NOT AGREE, YOU WILL NEED THE 'PETITION TO MODIFY CUSTODY SELF-HELP PACKAGE.'
- IF THERE IS ALREADY A CUSTODY ORDER IN EFFECT AND YOU WANT TO RELOCATE WITH YOUR CHILD(REN), YOU WILL NEED THE 'RELOCATION SELF-HELP PACKAGE.'
- IF THERE IS ALREADY A CUSTODY ORDER IN EFFECT AND THE OTHER PARENT HAS VIOLATED THE EXISTING CUSTODY ORDER, YOU WILL NEED THE 'CONTEMPT PETITION SELF-HELP PACKAGE.'
- IF YOU ARE ASKING THE COURT TO RESCHEDULE A PREVIOUSLY-SCHEDULED COURT PROCEEDING IN A CUSTODY CASE, YOU WILL NEED THE 'CUSTODY CONTINUANCE SELF-HELP PACKAGE.'

INSTRUCTIONS:

If you cannot afford to pay the filing fee to start a new custody case, the court may waive the filing fee by letting you submit your case "IFP." IFP stands for "In forma pauperis." In order to apply for IFP status, complete the fill-in-the-blank IFP application included in this package.

STEP 1: COMPLETE THE APPLICATION

On the top of the first page of the Application, write your own name in the blank space for 'Plaintiff' and the other parent or party's name in the blank space for 'Defendant.' Do not fill in the docket number; the

**IN THE COURT OF COMMON PLEAS
OF TIOGA COUNTY, PENNSYLVANIA**

Plaintiff

v.

Defendant

:
:
:
:
:
:
:

NO: ____ FS ____

CIVIL ACTION - CUSTODY

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PETITION TO PROCEED IN FORMA PAUPERIS

TO THE HONORABLE JUDGE OF THE ABOVE-REFERENCED COURT:

Please allow the undersigned Petitioner to proceed *in forma pauperis*. An affidavit in support of this Petition is attached hereto.

Date: _____

Petitioner's Signature (pro se)

ORDER

AND NOW, this ____ day of _____, 20____, pursuant to Pa. R. Civ. P. 240(d), and upon consideration of the above Petition to proceed *in forma pauperis* and the attached Affidavit in support thereof, said Application to proceed without payment of costs is hereby

GRANTED

DENIED: _____.

BY THE COURT,

J.

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Form last updated: October 30, 2024

**IN THE COURT OF COMMON PLEAS
OF TIOGA COUNTY, PENNSYLVANIA**

Plaintiff

v.

Defendant

:
:
:
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:
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:
:
:
:

NO: ____ FS ____

CIVIL ACTION - CUSTODY

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**AFFIDAVIT IN SUPPORT OF
PETITION TO PROCEED IN FORMA PAUPERIS**

1. The Petitioner's name and address are as follows:

Name: _____

Address: _____

2. The Petitioner cannot afford to pay the costs of this action and is unable to obtain funds from anyone, including family and associates, to pay the costs of this action.

3. The Petitioner's financial status is as follows:

a) Employment status: EMPLOYED UNEMPLOYED

IF EMPLOYED:

Current Employer: _____
Employer's Address: _____
Salary or Wages per Month: _____
Position/Duties: _____

IF UNEMPLOYED:

Date of Last Employment: _____
Salary or Wages per Month: _____
Position/Duties: _____

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b) Other sources of income within the last year (for each category provide the gross amount (before taxes) per month received, and the months when the Petitioner received this income):

Business of Profession: _____
Other self-employment: _____
Interest: _____
Dividends: _____
Pensions or Annuities: _____
Social Security benefits: _____
Support payments: _____
Disability payments: _____
Unemployment compensation: _____
Worker's compensation: _____
Public assistance: _____
Other: _____

c) Other contributions to household support (for each category provide the gross amount (before taxes) per month received, and the months when the Petitioner received this income):

Spouse's Name: _____
Spouse's Employer: _____
Spouse's earnings per Month: _____
Spouse's Type of Work: _____
Contributions from Children: _____
Contributions from Parents: _____
Other Contributions: _____

d) Property Owned:

Cash: _____
Checking Account: _____
Savings Account: _____
Certificates of Deposit: _____
Real Estate (including home): _____
Motor vehicles
(make, model, year, and cost): _____
Stocks and bonds: _____

e) Debts and Obligations:

Mortgage (per month): _____
Rent (per month): _____
Loans (per month): _____
Other: _____

f) Persons dependent on Petitioner for Support:

Spouse: _____

Children
(Identify by INITIALS ONLY
and state their age(s)): _____

Other Persons
(Name(s) and relationship(s)): _____

4. **The Petitioner understands that they have a continuing obligation to inform the court of any improvement in their financial circumstances which would permit them to pay the costs incurred herein.**

5. The Petitioner understands that if they hire an attorney after their Petition to Proceed in Forma Pauperis is granted, then the Petitioner has an obligation to inform the court and pay the filing fee and any other costs, unless the attorney they hire files a written notice that the attorney is representing the Petitioner at no cost to the Petitioner.

I verify that the statements made in this Petition to Proceed in Forma Pauperis and attached 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.A. § 4904 relating to unsworn falsification to authorities.

Date: _____

Petitioner’s Signature (pro se)