

_____, : IN THE COURT OF COMMON PLEAS OF
Plaintiff : CUMBERLAND COUNTY, PENNSYLVANIA
:
v. : Docket No. _____
:
_____, :
Defendant :

Petition to Waive All or a Portion of the Transcript Costs

1. I am the (plaintiff) (defendant) (other _____) in the above matter and because of my financial condition am unable to pay the transcript costs.

2. I am unable to obtain funds from anyone, including my family and associates, to pay the transcript costs.

3. I represent that the information below relating to my ability to pay the costs is true and correct:

(a) Name: _____

Address:

(b) *Employment*

If you are presently employed, state

Employer: _____

Address:

Salary or wages per month: _____

Type of work: _____

If you are presently unemployed, state

Date of last employment: _____

Salary or wages per month: _____

Type of work:

(c) Other income within the past twelve months

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:

(d) *Other contributions to household support*

(Wife) (Husband) Name: _____

If your (wife) (husband) is employed, state

Employer: _____

Salary or wages per month: _____

Type of work:

Contributions from children:

Contributions from parents:

Other contributions:

(e) *Property owned*

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor vehicle: Make _____

Year _____ Cost _____

Amount Owed \$ _____

Stocks and bonds: _____

Other:

(f) *Debts and Obligations*

Mortgage: _____

Rent: _____

Loans: _____

Other:

(g) *Persons dependent upon you for support*

(Wife) (Husband) Name: _____

Children, if any:
Name(s):

Age(s):

Other Persons:

Name: _____

Relationships: _____

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.

Petitioner

Date