

IN THE COURT OF COMMON PLEAS, BEDFORD COUNTY, PENNSYLVANIA

\_\_\_\_\_  
Plaintiff  
vs.  
\_\_\_\_\_  
Defendant

: No. \_\_\_\_\_ for \_\_\_\_\_  
:  
:  
:  
:

**ORDER OF COURT**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, upon consideration of the Petition to Waive All or a Portion of Transcript(s) Costs filed by \_\_\_\_\_ in the above captioned matter, the Order of Court is as follows:

\_\_\_\_\_ Transcript costs shall be waived.

\_\_\_\_\_ Petitioner shall pay \_\_\_\_\_ percent of the transcript(s) costs.

By the Court:

\_\_\_\_\_ J.

IN THE COURT OF COMMON PLEAS, BEDFORD COUNTY, PENNSYLVANIA

\_\_\_\_\_ : No. \_\_\_\_\_ for \_\_\_\_\_  
Plaintiff :  
vs. :  
\_\_\_\_\_ :  
Defendant :

**PETITION TO WAIVE ALL OR A PORTION OF  
TRANSCRIPT(S) COSTS  
INFORMA PAUPERIS STATEMENT**

1. I, \_\_\_\_\_, the requesting party in the above matter, because of my financial condition am unable to pay the costs for the transcript(s) requested.
2. I am unable to obtain funds from anyone including my family and associates to pay the costs of the transcript(s).
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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: \_\_\_\_\_

Other Income within the past twelve (12) months:

**THE AMOUNT OF ANY AND ALL SOURCES OF INCOME YOU ARE RECEIVING MUST BE LISTED**

Business or profession: \_\_\_\_\_

Other, self-employment: \_\_\_\_\_

Interest or Dividends: \_\_\_\_\_

Pension and Annuities: \_\_\_\_\_

Social Security Benefits: \_\_\_\_\_

Support payments: \_\_\_\_\_

Disability payments: \_\_\_\_\_

Unemployment compensation and supplemental benefits: \_\_\_\_\_

Workman's Compensation: \_\_\_\_\_

Amount of any Public Assistance: \_\_\_\_\_

Cash assistance: \_\_\_\_\_

Food stamps: \_\_\_\_\_

Access: \_\_\_\_\_

Fuel/energy assistance: \_\_\_\_\_

Medical assistance: \_\_\_\_\_

HUD: \_\_\_\_\_

Lifeline phone: \_\_\_\_\_

Other contributions to the **Household** Support:

If spouse or friend is employed, state:

Employer: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

Contributions from children: \_\_\_\_\_

Contributions from parents: \_\_\_\_\_

Other contributions: \_\_\_\_\_

Property owned:

Cash/Checking account: \_\_\_\_\_

Savings account/certificate of deposit: \_\_\_\_\_

Real estate (including home): \_\_\_\_\_

Motor vehicle:

Make and year: \_\_\_\_\_

Cost: \_\_\_\_\_ Amount yet owed: \_\_\_\_\_

Other vehicles: \_\_\_\_\_

**THE AMOUNTS MUST BE LISTED IN EACH, OR EXPLAIN WHY YOU DO NOT HAVE THIS EXPENSE**

Debts and Obligations:

Mortgage or Rent per month: \_\_\_\_\_

Loans: \_\_\_\_\_

Utilities, monthly payments, such as:

Television/cable: \_\_\_\_\_

Gas/electric: \_\_\_\_\_

Internet: \_\_\_\_\_

Phone/Cell phone: \_\_\_\_\_

Food: \_\_\_\_\_

Clothing: \_\_\_\_\_

Credit cards: \_\_\_\_\_

Persons dependent upon you for support: name and relationship

Children, if any:

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Other persons: name and relationship:

\_\_\_\_\_

\_\_\_\_\_

I understand that I have a continuing obligation to inform the Court of improvements in my financial circumstances which would permit me to pay the transcript costs.

**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.**

\_\_\_\_\_

Date

\_\_\_\_\_

Petitioner (requesting party)