

## **PETITION FOR WAIVER OF COSTS (if applicable)**

You may request for waiver of costs **ONLY** if you cannot afford to pay the initial filing fees and costs. Fill out the case caption correctly. The **Plaintiff** is the person who originally filed the custody complaint at the inception of the custody case and the **Defendant** is the person that originally had the custody action brought against them. Insert the plaintiff's name on first line on the left side of the top of the form. Insert the defendant's name on the second line on the left side of the top of the form. Answer all the questions on the form completely. You must sign and date the form at the bottom. Current filing fees for a custody complaint are \$208.20 plus a \$150.00 deposit for a custody hearing officer. If you already have a custody order and are filing for a modification, the current filing fees are \$26.60 plus a \$150.00 deposit for a custody hearing officer. If you are filing an agreement, the \$150.00 deposit is not necessary.

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

**CIVIL ACTION**

\_\_\_\_\_, :  
Plaintiff :  
 :  
vs. : NO. :  
\_\_\_\_\_, :  
Defendant :

ORDER OF COURT

AND NOW this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, it is  
hereby

ORDERED and DECREED that the (Plaintiff)/(Defendant), be GRANTED leave to proceed in forma pauperis in the above action. At this time, (Plaintiff)/(Defendant) is relieved from paying the initial filing fees, deposits, and sheriff's costs only. (Plaintiff)/(Defendant) shall promptly notify the Court of any material change in his/her income during the pendency of this action.

BY THE COURT:

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

IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA

CIVIL ACTION

_____	:	
Plaintiff	:	
	:	
vs.	:	NO.
	:	
_____	:	
Defendant	:	

PETITION FOR WAIVER OF COSTS

1. I am the (Plaintiff/Defendant) (circle one) in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending the action or proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and 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 LAST TWELVE MONTHS:

BUSINESS OR PROFESSIONAL: \_\_\_\_\_

OTHER SELF-EMPLOYMENT: \_\_\_\_\_

INTEREST: \_\_\_\_\_

DIVIDENDS: \_\_\_\_\_

PENSION OR ANNUITIES: \_\_\_\_\_

SOCIAL SECURITY BENEFITS: \_\_\_\_\_

SUPPORT PAYMENTS: \_\_\_\_\_

DISABILITY PAYMENTS: \_\_\_\_\_

UNEMPLOYMENT COMPENSATION/SUPPLEMENTAL BENEFITS: \_\_\_\_\_

WORKERS COMPENSATION: \_\_\_\_\_

PUBLIC ASSISTANCE: \_\_\_\_\_

OTHER: \_\_\_\_\_

(D) OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:

HUSBAND/WIFE - NAME: \_\_\_\_\_

If your (husband/wife) 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: \_\_\_\_\_

COSTS: \_\_\_\_\_ AMOUNT OWED: \_\_\_\_\_

STOCKS, BONDS: \_\_\_\_\_

OTHER: \_\_\_\_\_

(F) DEBTS AND OBLIGATIONS PER MONTH:

MORTGAGE/RENT: \_\_\_\_\_

UTILITIES: ELECTRIC: \_\_\_\_\_ WATER/SEWER: \_\_\_\_\_

OIL/GAS/COAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

CABLE: \_\_\_\_\_

LOANS: \_\_\_\_\_

CREDIT CARDS: \_\_\_\_\_

FOOD: \_\_\_\_\_ NON FOOD: \_\_\_\_\_

CHILD SUPPORT: \_\_\_\_\_

CHILD CARE: \_\_\_\_\_

TRANSPORTATION COSTS: \_\_\_\_\_

MEDICAL BILLS: \_\_\_\_\_

BACK TAXES: \_\_\_\_\_

MISCELLANEOUS HOUSEHOLD EXPENSES: \_\_\_\_\_

(G) PERSONS DEPENDENT UPON YOU FOR SUPPORT:

(WIFE) (HUSBAND) NAME: \_\_\_\_\_

CHILDREN, IF ANY:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER PERSONS:

NAME: \_\_\_\_\_

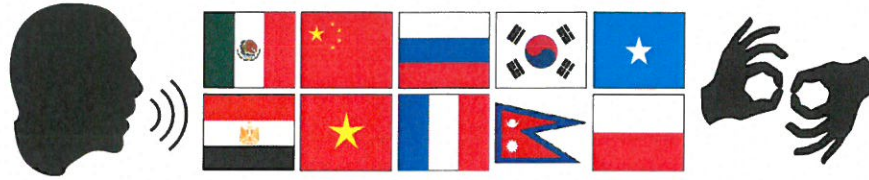
RELATIONSHIP: \_\_\_\_\_

- 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 penalties of 18 Pa. C.S. Sect 4904, relating to unsworn falsification to authorities.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## Notice of Language Rights



Language Access Coordinator  
PO Box 131 Jim Thorpe, PA 18229  
570-325-8556 x3201  
languageaccesscoordinator@carboncourts.com

**English:** You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information provided at the top of this notice.

**Spanish/Español:** Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.

**Mandarin/Cantonese Simplified Chinese/普通话/粤语简体中文:** 您有权获得免费的口译员服务。若需要口译员，请使用本通知上方提供的联系信息通知法院工作人员。

**Mandarin/Cantonese Traditional Chinese/普通話/廣東話繁體中文:** 您有權要求免費傳譯服務。如欲要求傳譯服務，請參閱本通知頂部的聯絡資料，通知法庭職員。

**العربية/Arabic:** يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. لطلب مترجم، يُرجى إعلام موظفي المحكمة باستخدام معلومات الاتصال المقدمة في الجزء العلوي من هذا الإشعار.

**Russian/Русский:** У вас есть право на бесплатные услуги переводчика. Заявка на переводчика подается в суд по адресу, телефону или эл. почте, указанным выше в заголовке этого уведомления.

**Vietnamese/Tiếng Việt:** Quý vị có quyền được một thông dịch viên giúp mà không tốn chi phí nào cả, xin hãy báo cho nhân viên tòa án dùng thông tin liên lạc có ở trên đầu thông báo này.

**Nepali/नेपाली:** तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न,

यस सूचनाको साथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

**Korean/한국어:** 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알리십시오.

**Polish/Polski:** Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

**Pakistan/پنجابی/Punjabi:** تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میربانی کر کے ایس نوٹس دے اوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔

**Punjabi/ਪੰਜਾਬੀ/India:** ਤੁਹਾਨੂੰ ਇਕ ਦੁਬਾਸੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਬਾਸੀਏ ਲਈ

ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਚਿੱਤੀ ਸੰਪਰਕ

ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

**Portuguese/Português:** Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

**Somali/Somaali:** Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

**Haitian Creole/Kreyòl Ayisyen:** Ou gen dwa resevwa sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsonèl tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt avi sa a.

**French/Français:** Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.