

\_\_\_\_\_ : COURT OF COMMON PLEAS OF  
 : INDIANA COUNTY  
 : PENNSYLVANIA  
 :  
 :  
 :  
 :  
 :  
 : No: \_\_\_\_\_

v.

AFFIDAVIT IN SUPPORT OF REQUEST FOR WAIVER OF OR REDUCTION OF  
TRANSCRIPT COSTS

1. I am the Plaintiff / Defendant (**Circle One**) in the above matter and due to my current financial condition I am unable to pay the transcript costs.
2. I am unable to obtain funds from anyone, including my family and associates, to pay these costs.
3. I am proceeding pro se in this action because I cannot afford legal services.
4. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

*{Note to filer: THIS AFFIDAVIT MUST BE COMPLETED IN ITS ENTIRETY. If a section does not apply to you, write "N/A" or if the amount is zero write "0".}*

(a) Name: \_\_\_\_\_

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

Social Security Number: (last 4 number only) \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(b) Employment:

(i). **If you are presently employed**, complete this section.

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

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

(ii). **If you are presently unemployed**, complete this section.

Date of last employment: \_\_\_\_\_

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

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

(iii) **If you are presently self-employed**, complete this section, along with section (b) (i) of this petition.

Average net income (annual) of profession and/or business: \$ \_\_\_\_\_

(c) Other income received within the past twelve months:

**(Write the gross amount (i.e. before taxes) per month that you received and the months you received this income).**

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

Self-employment: \$ \_\_\_\_\_

Interest: \$ \_\_\_\_\_

Dividends: \$ \_\_\_\_\_

Pensions and annuities: \$ \_\_\_\_\_

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

Spousal or Child Support payments: \$ \_\_\_\_\_

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

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

Workers' Compensation: \$ \_\_\_\_\_

Public Assistance: \$ \_\_\_\_\_

Other: Food Stamps: \$ \_\_\_\_\_

Medical Assistance: \$ \_\_\_\_\_

Total Income within the past twelve months: \$ \_\_\_\_\_

(d) Other contributions to household support by other adult household members:

**(Write the gross amount (i.e. before taxes) per month that you received and the months you received this income).**

Names: \_\_\_\_\_

Are any adult household members employed? \_\_\_\_ Yes \_\_\_\_ No

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

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

Other contributions to household expenses: \$ \_\_\_\_\_

(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: \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(In the above lines labeled "Other": Include all of your regular monthly bills, phone, utilities, cable, insurance, etc.)**

5. My biological or adopted child(ren) who primarily resides with me include:

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

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

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

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

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

6. Other person(s) in my household who are dependent upon me for financial support include:

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

Relationship: \_\_\_\_\_ Why dependent? \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Why dependent? \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Why dependent? \_\_\_\_\_

7. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances. Also, I understand that the granting of this petition will only provide relief of the filing fees of this case.

8. 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: \_\_\_\_\_

Signature of Petitioner: \_\_\_\_\_

Printed Name of Petitioner: \_\_\_\_\_

