

# **Distressed Tenant Emergency Help Manual**

Cambria and Indiana Counties

## **Rule 1531**

According to Pennsylvania Rule of Civil Procedure 1531 if you can show that:

“**immediate and irreparable injury** will be sustained before notice can be given or a hearing held, the court may issue a preliminary or special injunction without a hearing or without notice.”

### **What does this mean?**

If your landlord shuts off your utilities, you can petition the court for emergency relief in the form of a preliminary injunction where your landlord will be ordered by the court to turn the utilities back on.

### **What if the utilities are shut off because I did not pay rent?**

Even if you did not pay rent, your landlord still must give you 10 days written notice before they can evict you. In those ten days it is illegal for your landlord to turn off your utilities. If you are being evicted for something other than nonpayment of rent, the landlord must give you 15 days written notice if your lease is for less than one year. If the lease is for a year or longer, then the notice requirement is 30 days.

**Please fill out and submit only the forms indicated in the instructions listed in your county. County by County instructions are in the subsequent pages along with instructions on how to fill out each form followed by a blank form for you to fill out and file with the court.**

**What do I need in order to file?**

1. Fill out the attached **Civil Cover Sheet** (Form 1).
2. Fill out the attached **Petition for a Rule to Show Cause** (Form 2).
3. Fill out the attached **Order of the Court** form (Form 3).
4. A bond may be put in place, however can be waived or reduced by filling out and filing the attached **Motion to Proceed in Forma Pauperis** (Form 4).
5. File the Civil Cover Sheet, Order of the Court, Motion to Proceed in Forma Pauperis, and Petition for a Rule to Show Cause at the Prothonotary Office in the county in which you live in. A list of the Address can be found below.
6. An order will be issued by the judge regarding the preliminary injunctive relief, and a hearing will be scheduled in approximately 10 days.

**\*ALL DOCUMENTS MUST BE FILLED OUT IN BLUE OR BLACK INK\***

**Cambria County Prothonotary Office**

200 Center Street  
Ebensburg, PA 15931  
814-472-1638

Monday – Saturday  
9:00 am – 4:00 pm

**Jefferson County Prothonotary Office**

1st Floor  
825 Philadelphia Street  
Indiana, PA 15701  
724-465-3855

Monday – Friday  
8:00 am – 4:00 pm

## **Supreme Court Civil Cover Sheet – Form 1**

Every case that goes through civil court must be accompanied by a civil cover sheet. You will fill this cover sheet out no matter what county you live in. This will give the Court and the Prothonotary Office all the basic information needed to file your complaint.

*The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.*

Box 1: Print the name of the county in which you are filing.

Box 2: Fill in the checkbox listed as “Petition”.

Box 3: Print your full name.

Box 4: Print your landlord’s name

Box 5: Fill in the checkbox listed as “NO”.

Box 6: Fill in the checkbox listed as “NO”.

Box 7: Fill in the checkbox listed as “NO”.

Box 8: Fill in the checkbox listed as “Check here if you have no attorney”.

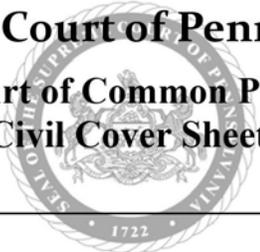
Box 9: Fill in the checkbox listed as “Landlord/Tenant Dispute”.

**DO NOT FILL OUT ANYTHING ELSE ON THIS FORM**

# Supreme Court of Pennsylvania

1

## Court of Common Pleas Civil Cover Sheet



County \_\_\_\_\_

*For Prothonotary Use Only:*

Docket No: \_\_\_\_\_

TIME STAMP

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

SECTION A

**Commencement of Action:**

- Complaint  
 Transfer from Another Court  
 Summons  
 Petition  
 Declaration of Taking

Lead Plaintiff's Name: \_\_\_\_\_

Lead Defendant's Name: \_\_\_\_\_

Are money damages requested?  Yes  No

Dollar Amount Requested:  within arbitration limits  outside arbitration limits (check one)

Is this a *Class Action Suit*?  No

Is this an *MDJ Appeal*?  Yes  No

Name of Plaintiff/Appellant's Attorney: \_\_\_\_\_

**Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)**

SECTION B

**Nature of the Case:** Place an "X" to the left of the ONE case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

**TORT** (do not include Mass Tort)

- Intentional
- Malicious Prosecution
- Motor Vehicle
- Nuisance
- Premises Liability
- Product Liability (does not include mass tort)
- Slander/Libel/ Defamation
- Other: \_\_\_\_\_

**CONTRACT** (do not include Judgments)

- Buyer Plaintiff
- Debt Collection: Credit Card
- Debt Collection: Other \_\_\_\_\_
- Employment Dispute: Discrimination
- Employment Dispute: Other \_\_\_\_\_
- Other: \_\_\_\_\_

**CIVIL APPEALS**

- Administrative Agencies
- Board of Assessment
  - Board of Elections
  - Dept. of Transportation
  - Statutory Appeal: Other \_\_\_\_\_
  - Zoning Board
  - Other: \_\_\_\_\_

**MASS TORT**

- Asbestos
- Tobacco
- Toxic Tort - DES
- Toxic Tort - Implant
- Toxic Waste
- Other: \_\_\_\_\_

**PROPERTY**

- Eminent Domain/Condemnation
- Ground Rent
- Landlord/Tenant Dispute
- Mortgage Foreclosure: Residential
- Mortgage Foreclosure: Commercial
- Partition
- Quiet Title
- Other: \_\_\_\_\_

**MISCELLANEOUS**

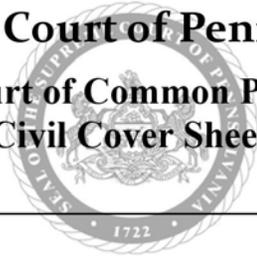
- Common Law/Statutory Arbitration
- Declaratory Judgment
- Mandamus
- Non-Domestic Relations
- Restraining Order
- Quo Warranto
- Replevin
- Other: \_\_\_\_\_

**PROFESSIONAL LIABILITY**

- Dental
- Legal
- Medical
- Other Professional: \_\_\_\_\_

# Supreme Court of Pennsylvania

## Court of Common Pleas Civil Cover Sheet



County \_\_\_\_\_

*For Prothonotary Use Only:*

Docket No: \_\_\_\_\_

TIME STAMP

*The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.*

SECTION A

**Commencement of Action:**

- Complaint       Writ of Summons       Petition  
 Transfer from Another Jurisdiction       Declaration of Taking

Lead Plaintiff's Name: \_\_\_\_\_

Lead Defendant's Name: \_\_\_\_\_

Are money damages requested?  Yes  No

Dollar Amount Requested:  within arbitration limits  
(check one)  outside arbitration limits

Is this a *Class Action Suit*?  Yes  No

Is this an *MDJ Appeal*?  Yes  No

Name of Plaintiff/Appellant's Attorney: \_\_\_\_\_

**Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)**

SECTION B

**Nature of the Case:** Place an "X" to the left of the **ONE** case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

**TORT** (do not include Mass Tort)

- Intentional  
 Malicious Prosecution  
 Motor Vehicle  
 Nuisance  
 Premises Liability  
 Product Liability (does not include mass tort)  
 Slander/Libel/ Defamation  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MASS TORT**

- Asbestos  
 Tobacco  
 Toxic Tort - DES  
 Toxic Tort - Implant  
 Toxic Waste  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROFESSIONAL LIABILITY**

- Dental  
 Legal  
 Medical  
 Other Professional: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTRACT** (do not include Judgments)

- Buyer Plaintiff  
 Debt Collection: Credit Card  
 Debt Collection: Other  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Employment Dispute: Discrimination  
 Employment Dispute: Other  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REAL PROPERTY**

- Ejectment  
 Eminent Domain/Condemnation  
 Ground Rent  
 Landlord/Tenant Dispute  
 Mortgage Foreclosure: Residential  
 Mortgage Foreclosure: Commercial  
 Partition  
 Quiet Title  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CIVIL APPEALS**

- Administrative Agencies
- Board of Assessment  
 Board of Elections  
 Dept. of Transportation  
 Statutory Appeal: Other  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Zoning Board  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MISCELLANEOUS**

- Common Law/Statutory Arbitration  
 Declaratory Judgment  
 Mandamus  
 Non-Domestic Relations Restraining Order  
 Quo Warranto  
 Replevin  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **Petition for the Rule to Show Cause – Form 2**

This form is to be filled out to tell the court what is happening and what relief you want to happen from the grant of an order. Be sure you fill this form out accurately in order to have your utilities restored and be allowed to remain on the premises.

*The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.*

Box 1: Print the name of the count in which you are filing.

Box 2: Print your full name.

Box 3: Print your landlord's name.

Box 4: If you have been assigned a docket number, print it on this this. If you have yet to be assigned a docket number leave this line empty until you are assigned one.

Box 5: Print your name.

Box 6: Print your address.

Box 7: Print your landlord's address.

Box 8: Print the date when your utilities are shut off.

Box 9: Write out what you landlord did to prompt your filing. Ex. "Shut off heat."

Box 10: Indicate the utility you need to restore.

Box 11: Indicate what you want the court to order. Ex. "Turn the heat on."

Box 12: Print your address.

Box 13: write down the utility that was interfered with.

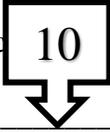
Box 14: Sign your name and write today's date as indicated.

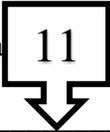
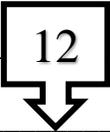
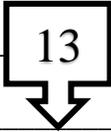
Box 15; Print your name.

Box 16: Sign your name on the line.



6. Even if the Plaintiff owes the Defendant rent, the Defendant will not be harmed by being required to follow proper procedure under the Landlord Tenant Act.

7. The Defendant has caused an emergency  10 on as Plaintiff will suffer irreparable and immediate harm if \_\_\_\_\_ is not immediately restored to their residence.

Wherefore, Plaintiffs request that  11 the Court enter an emergency order requiring the Defendant to immediately restore \_\_\_\_\_  12 at the Defendant's cost to the Plaintiff's residence located at \_\_\_\_\_  13 further that neither the Defendant nor anyone on his behalf shall interfere with the \_\_\_\_\_ to the Plaintiff's residence or any other utilities to the residence or access to the residence, pending hearing on a rule to show cause why the order should not remain in effect until the Defendant follows proper legal procedure.

Respectfully submitted,

 14

\_\_\_\_\_  
Plaintiff, Pro Se

**Verification**

15  
↓

I, \_\_\_\_\_, verify that the statements made in this Emergency Petition for a Rule to Show Cause are true and correct. We understand that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification of authorities.

16  
↓

\_\_\_\_\_

Plaintiff Signature



6. Even if the Plaintiff owes the Defendant rent, the Defendant will not be harmed by being required to follow proper procedure under the Landlord Tenant Act.
7. The Defendant has caused an emergency situation as Plaintiff will suffer irreparable and immediate harm if \_\_\_\_\_ is not immediately restored to their residence.

Wherefore, Plaintiffs request that the court enter an emergency order requiring the Defendant to immediately restore \_\_\_\_\_ at the Defendant's cost to the Plaintiff's residence located at \_\_\_\_\_. And further that neither the Defendant nor anyone on his behalf shall interfere with the \_\_\_\_\_ to the Plaintiff's residence or any other utilities to the residence or access to the residence, pending hearing on a rule to show cause why the order should not remain in effect until the Defendant follows proper legal procedure.

Respectfully submitted,

\_\_\_\_\_  
Plaintiff, Pro Se

**Verification**

I, \_\_\_\_\_, verify that the statements made in this Emergency Petition for a Rule to Show Cause are true and correct. We understand that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification of authorities.

\_\_\_\_\_

Plaintiff Signature

## **Order of the Court – Form 2**

This form will act as the order upon the Judge signing it. This will be what you and the Landlord must abide by. Fill out the information as correctly as possible as this will be the document that the Landlord must abide by once issued by the Judge.

*The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.*

Box 1: Print the county in which you are filing.

Box 2: Print your full name exactly as you have written it on the prior forms.

Box 3: If you have been provided a docket number by the Prothonotary Office, print it on the line. If you have not been assigned a docket number leave this line empty until one has been assigned.

Box 4: Print the name of your landlord.

Box 5: Print the date that you are filing.

Box 6: Print the month and year that you are filing your paperwork.

Box 7: Print you landlord's name.

Box 8: Write out a brief description of why you need the Rule to Show Cause, specifically what actions are required to return your home to livable conditions. Be sure to be and specific and concise as possible.

Box 9: Print your address.

Box 10: Leave the lines in this area empty. The Judge will fill these out when he issues the order.

Box 11: Print the county in which you are filing.

Box 12: Leave this line Empty. The Judge will sign this line issuing the Rule to Show Cause Order.

IN THE COURT OF COMMON PLEAS OF 1 COUNTY,  
PENNSYLVANIA

2  
\_\_\_\_\_  
Plaintiff

No. 3

v.

4  
\_\_\_\_\_  
Defendant

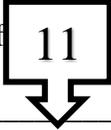
5 6  
**RULE TO SHOW CAUSE ORDER**

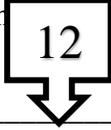
AND NOW, this 5 day of 6 upon consideration of the attached  
Emergency 7 for a Rule to Show Cause, a Rule returnable is hereby entered against the  
Defendant 7 to show cause, if any, why the following order should not be entered.

1. 8 ordered and directed that Defendant shall at his own cost immediately  
\_\_\_\_\_ 9  
to the Plaintiff's residence located at \_\_\_\_\_.

2. The Defendant shall not interfere with any other utilities or the plaintiff's access to the  
residence pending a hearing and further court order.

10 This Rule is returnable on the day of \_\_\_\_\_ in courtroom number \_\_\_\_\_ at  
\_\_\_\_\_ before Honorable Judge \_\_\_\_\_ at the \_\_\_\_\_ County Courthouse  
at which time a hearing will be conducted to determine if the Emergency Order shall continue.

In the event the Def  fails or refuses to comply with the terms of the Emergency Order, the Sheriff of \_\_\_\_\_ County or any other appropriate law enforcement agency shall assist the Plaintiffs to ensure compliance with the Emergency Order.

By th  \_\_\_\_\_ J.

**IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY,  
PENNSYLVANIA**

Plaintiff,	)	
	)	
	)	No. _____
	)	
v.	)	
	)	
	)	
	)	
Defendant,	)	
	)	

**RULE TO SHOW CAUSE ORDER**

AND NOW, this \_\_\_\_ day of \_\_\_\_\_ upon consideration of the attached Emergency Petition for a Rule to Show Cause, a Rule returnable is hereby entered against the Defendant \_\_\_\_\_ to show cause, if any, why the following order should not be entered.

1. It is ordered and directed that Defendant shall at his own cost immediately \_\_\_\_\_  
to the Plaintiff's residence located at \_\_\_\_\_.
  
2. The Defendant shall not interfere with any other utilities or the plaintiff's access to the residence pending a hearing and further court order.

This Rule is returnable on the day of \_\_\_\_\_ in courtroom number \_\_\_\_ at \_\_\_\_\_ before Honorable Judge \_\_\_\_\_ at the \_\_\_\_\_ County Courthouse at which time a hearing will be conducted to determine if the Emergency Order shall continue.

In the event the Defendant fails or refuses to comply with the terms of the Emergency Order, the Sheriff of \_\_\_\_\_ County or any other appropriate law enforcement agency shall assist the Plaintiffs to ensure compliance with the Emergency Order.

By the court,

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

## **Petition to Proceed in Forma Pauperis – Form 4**

When filing for injunctive relief, it is generally required that the petitioner pay court and filing fees, however, the courts do understand that this is not possible for some individuals. If you are unsure if you will be able to pay for filing fees, you will need to fill out the Petition to Proceed in Forma Pauperis. Once granted by a judge, this petition will allow for filing fees to be waived and filing for injunctive relief will be free of cost to you. Be sure to fill this form out carefully and completely.

*The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form*

Box 1: Print the county in which you are filing for custody.

Box 2: Print your name as you did on the complaint.

Box 3: If you have been assigned a docket number by the prothonotary office, you will print it in on this line. If you have not been assigned a docket number, leave this line black until you have been assigned one.

Box 4: Print the defendant's name as you did on the complaint.

Box 5: You will leave the lines for the date empty so that the Judge can fill them out.

Box 6: Leave this line empty. The Judge will sign this line upon granting the motion.

Box 7: Print the county in which you are filing for custody.

Box 8: Print your name as you did on the complaint.

Box 9: If you have been assigned a docket number, you will print it in on this line. If you have not been assigned a docket number, leave this space empty until you have been assigned one.

Box 10: Print the name of the Defendant as you did on the complaint.

Box 11: Print your name and your address on the appropriate lines.

Box 12: If you are currently employed, use these lines to designate who your employer is, what their address is, your salary or wages at that job, and the type of work you do with that employer.

Box 13: If you are presently unemployed, use these lines to indicate the date you were employed last, the salary or wages you made at that job, and the type of work done.

Box 14: In section c, you are to indicate any other income that you have received within the last 12 months. On these lines, you are to list any income that has come from business, self-employment other than your job, interest on accounts/investments, dividends, pensions and annuities, social security benefits, support payments, disability payments, unemployment compensation/supplemental benefits, worker's compensation, public assistance, and other forms of income you may receive not listed.

Box 15: In section d, you are to list gross amounts of income contributed to the household by members of the household other than yourself. This includes spousal income, and their employment information, children's contributions, parental contributions, and other contributions from others in the household.

Box 16: In section e, you are to list any property owned. Property includes not only real estate, but cash, money in checking and savings accounts, certificates of deposit, motor vehicles, stocks and bonds, and other like property.

Box 17: In Section f, you are to list any regular monthly obligations such as your mortgage, rent, loans, utilities, insurance and other bills.

Box 18: In section g, you are to list all of your dependents and persons who depend upon you for support. This can include but is not limited to a spouse, children, or elderly parents.

Box 19: Print the date.

Box 20: Sign your name on the line.

COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA  
\_\_\_\_\_,  
Plaintiff  
v.  
\_\_\_\_\_,  
Defendant  
No. \_\_\_\_\_

**ORIGINAL MOTION TO PROCEED IN FORMA PAUPERIS**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Petitioner's Motion  
to Proceed In Forma Pauperis is granted as to the filing fees and costs.

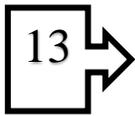
BY THE COURT,

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



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

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

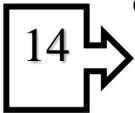


If you are presently unemployed, state:

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

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

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



c.) Please list any other income received within the past twelve months:

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

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

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

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

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

Pension and annuities: \_\_\_\_\_

Social security benefits: \_\_\_\_\_

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

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

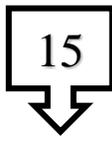
Unemployment compensation and/or supplemental benefits:

\_\_\_\_\_

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

Public assistance: \_\_\_\_\_

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



d.) Other contributions to household support:

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

(Wife) (Husband) Name: \_\_\_\_\_

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

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

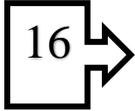
Salary or wages per month: \_\_\_\_\_

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: \_\_\_\_\_

17

f.) Debts and obligations:

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

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

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

\_\_\_\_\_

(Write all of your regular monthly bills, phone, utilities, cable, insurance, etc.)

18

g.) Persons dependent upon you for support:

(Wife/Husband) Name: \_\_\_\_\_

Children, if any:

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

\_\_\_\_\_

\_\_\_\_\_

Other persons:

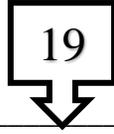
Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

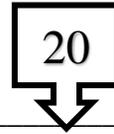
4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

5. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 3a.C.S. § 4904, Relating to unsworn falsification to authorities.

Date: \_\_\_\_\_



\_\_\_\_\_  
Petitioner





**IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA**

\_\_\_\_\_,  
Plaintiff )  
 )  
 ) No. \_\_\_\_\_  
 )  
 )  
v. )  
 )  
 )  
 )  
\_\_\_\_\_,  
Defendant )  
 )  
 )

**PETITION TO PROCEED IN FORMA PAUPERIS & AFFIDAVIT**

1. I am the petitioner in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending this 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.) My Name is: \_\_\_\_\_

My Address is: \_\_\_\_\_

\_\_\_\_\_

b.) Employment:

If you are presently employed, state your:

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

Employer's 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.) Please list any other income received within the past twelve months:

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

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

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

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

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

Pension and annuities: \_\_\_\_\_

Social security benefits: \_\_\_\_\_

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

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

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

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

Public assistance: \_\_\_\_\_

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

d.) Other contributions to household support:

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

(Wife) (Husband) Name: \_\_\_\_\_

If your (wife) (husband) is employed, please 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: \_\_\_\_\_

\_\_\_\_\_

(Write all of your regular monthly bills, phone, utilities, cable, insurance, etc.)

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 the penalties of 18 3a.C.S. § 4904, Relating to unsworn falsification to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_

Petitioner