APPLICATION TO WAIVE FEES AND COSTS

APPLICATION TO WAIVE TRANSCRIPT COSTS

APPLICATION TO WAIVE ALL OR A PORTION OF PARENTING COORDINATOR COSTS

IT IS STRONGLY RECOMMENDED THAT YOU CONSULT AN ATTORNEY

DISCLAIMER

The Self-Help Center Staff and Court Staff are prohibited from providing legal advice. The information in any Self-Help Center packet is NOT a substitute for professional legal advice. The Court assumes no liability for actions taken by users of these documents. If you want to obtain the services of an attorney, please call the Dauphin County Bar Association Lawyer Referral Service at 717-232-7536.

To file any lawsuit or request any transcript you must pay a fee.

The Application to Waive Fees and Costs and Application to Waive Transcript Costs are for court users who believe they are unable to afford the filing fees or transcript fees.

Please complete these forms completely. Failure to complete any form completely or correctly will significantly delay the proceedings.

If you have already been granted a waiver in this matter and are requesting continuation for purposes of an appeal, please follow the procedure set forth in the Pennsylvania Rules of Appellate Procedure.

If you are an abuse victim and do not want to reveal your contact information, you are not required to list your contact information, but you must complete a Confidential Information Form and Abuse Victim Addendum and file it at the same time you file this application. An abuse victim is defined as a person for whom a protection order has been granted by a Court.

Take the original and two copies of your completed forms to the appropriate filing office to be filed simultaneously with any pleading requiring a fee.

_____,	:	IN THE COURT OF COMMON PLEAS
Plaintiff	:	DAUPHIN COUNTY, PENNSYLVANIA
	:	
v.	:	NO. _____
	:	
_____,	:	
Defendant	:	

ORDER

AND NOW, this _____ day of _____, 20_____, upon consideration of the Application to Waive All or a Portion of Parenting Coordinator Costs filed by _____ on _____, 20___, it is hereby ORDERED as follows:

☐ The Application is **GRANTED**.

☐ The Application is **DENIED** for the following reason(s):

_____

_____

_____.

☐ A hearing on the Application is scheduled for _____ ____.m. on _____, 20_____ in Courtroom _____ at

☐ Dauphin County Courthouse, 101 Market Street, Harrisburg, PA.
☐ Juvenile Justice Center, 7th Floor, 25 S Front Street, Harrisburg, PA.

Petitioner shall bring any and all supporting documents, including but not limited to paystubs, bank statements, and bills to the hearing.

BY THE COURT:

_____
Judge

Distribution:

_____

_____,	:	IN THE COURT OF COMMON PLEAS
Plaintiff	:	DAUPHIN COUNTY, PENNSYLVANIA
	:	
v.	:	NO. _____
	:	
_____,	:	
Defendant	:	

APPLICATION TO WAIVE ALL OR A PORTION OF PARENTING COORDINATOR COSTS

You must answer *every* applicable question. If there is no amount to be entered, you should indicate $0.

1. Name: _____
   Email: _____ or ☐ NONE
   Address: _____
   Telephone: _____

   ☐ Check the box if you are currently without a house or apartment.

For Family Law matters only: If you are an abuse victim and the other party is the abuser and you want your contact information confidential, write "See CIF Abuse Victim Addendum."

2. Do you currently receive any of the following public benefits?

☐ YES ☐ NO Supplemental Nutrition Assistance Program (SNAP) (food stamps):

☐ YES ☐ NO Medicaid:

☐ YES ☐ NO Supplemental Security Income (SSI) (Not Social Security Disability Insurance (SSDI)):

☐ YES ☐ NO Temporary Assistance to Needy Families (TANF):

☐ YES ☐ NO Public Housing or Section 8 Housing:

☐ YES ☐ NO Needs-based VA pension:

☐ YES ☐ NO Low-Income Energy Assistance:

☐ YES ☐ NO Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):

☐ YES ☐ NO Other need-based federal, state, or local program: If yes, name of program: _____

If you answered **YES** to any of the above**, skip the remainder** of this form and sign/date the Verification and Certification on the last page.

3. I am providing the following information about people who live with me:

   I support _____adult children, who are incapable of self-support due to a physical or mental disability.

   I support _____children under the age of 18 years.

4. GROSS MONTHLY INCOME (income before paying taxes and other payroll deductions):

   I earn $_____ each ☐week/☐month/☐year. I work as a _____ for _____.

   I receive $_____ unemployment compensation each ☐week/☐month/ ☐year. I have been unemployed since _____. My last employer was _____.

   I receive $_____ per month from other people.

   I receive $_____ per month from Retirement/Pension.

   I receive $_____ per month from Disability.

   I receive $_____ per month from Workers Comp.

   I receive $_____ per month from Social Security.

   I receive $_____ per month from Child/Spousal Support.

   I receive $_____ per month other sources.

   $_____ Total monthly gross income

5. ASSETS (Current Value):

   $_____ Cash

   $_____ Bank accounts or other financial assets

   $_____ Primary vehicle

   $_____ Other vehicles

   $_____ House

   $_____ Other real estate

   $_____ Other property: _____.

$_____ Total value of property

6. MONTHLY EXPENSES YOU PAY:

   $_____ Rent/mortgage payments
   $_____ Food and household supplies
   $_____ Utilities, including cell phones
   $_____ Clothing and other personal expenses
   $_____ Medical and dental expenses/insurance
   $_____ Childcare
   $_____ Transportation, including car payments and repairs
   $_____ Child and/or spousal support and/or alimony
   $_____ Other expenses: _____

   $_____ Total monthly expenses

7. Are there any other facts that you would like the court to know about your circumstances that may help the court decide whether to grant your application, such as homelessness or health issues?

   _____
   _____
   _____
   _____
   _____

VERIFICATION

I understand that I have a continuing obligation to inform the court of an improvement in my financial circumstances that would permit me to pay the fees and costs in this case. If I fail to inform the court of any changes in my circumstances, I understand that the court may rescind the waiver of fees and costs and order me to pay those fees and costs.

I verify that the statements made in this application are true and correct. I understand that false statements made are subject to the criminal penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

_____ _____

Date Signature of Applicant

_____

Print Name of Applicant

CERTIFICATION

I, _____, certify that this *Application* complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

_____ _____

Date Signature of Applicant

_____

Print Name of Applicant

YOU SHOULD NOW REVIEW EVERY LINE TO MAKE SURE THAT EVERY APPLICABLE QUESTION IS ANSWERED.
FAILURE TO COMPLETE THIS FORM CORRECTLY **WILL DELAY** THE PROCEEDINGS.