

INSTRUCTIONS

PETITION TO WAIVE COSTS FOR ALL OR A PORTION OF TRANSCRIPT COSTS

***IT IS STRONGLY RECOMMENDED THAT YOU
CONSULT AN ATTORNEY***

DISCLAIMER

THE SELF HELP CENTER STAFF AND COURT STAFF ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THE PACKETS IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL MIDPENN LEGAL SERVICES AT (717) 232-0581 OR DAUPHIN COUNTY LAWYER REFERRAL AT (717) 232-7536.

INSTRUCTIONS FOR COMPLETING A PETITION TO WAIVE COSTS FOR ALL OR A PORTION OF TRANSCRIPT COSTS

If you would like a transcript of all or a portion of a court proceeding, it may be possible to have the entire cost or a portion of the cost waived if you can prove to the court that you cannot afford to pay the costs.

To do this, you must file a Petition to Waive Costs for All or a Portion of Transcript Costs and Affidavit including a detailed list of your income and expenses. You must complete the Petition to Waive Costs for All or a Portion of Transcript Costs and Affidavit and file it at the same time that you file your Request for Transcript form. The following are step-by-step instructions on how to fill out the Petition to Waive Costs for all or a Portion of Transcript Costs and Affidavit.

If you are an abuse victim and are filing a family law matter and do not want to reveal your contact information, you are not required to list your address, telephone number and email address but you must complete a Confidential Information Form (CIF) Abuse Victim Addendum and file this form with the Prothonotary at the same time you file the Petition. Write “See CIF Abuse Victim Addendum” on the paragraph instead of listing this information. The information contained on the CIF Abuse Victim Addendum will only be available to the Court and Court staff. If you print the IFP packet from the Self Help Center page of the Dauphin County website, the Confidential Information Form and the Confidential Information Form Abuse Victim Addendum are not included. You must print out these forms in accordance with the instructions appearing on the webpage.

ORDER

Complete the caption at the top left hand corner of the page and the docket number on the top right hand corner of the page after “NO.”. Leave the rest of the order blank with the exception of the Distribution Line. On this line, write your name and complete mailing address.

PETITION TO WAIVE COSTS FOR ALL OR A PORTION OF TRANSCRIPT COSTS

1. Print the full name of each party in your case on the upper left hand corner of the Petition. Write the docket number on the upper right hand corner of the Petition.
2. Check whether you are requesting the Court to waive all or a portion of the transcript costs.
3. Check the ‘yes’ or ‘no’ box to indicate if your request is associated with an appeal or to advance your case.

4. If you checked the 'yes' box, explain in detail why you need the transcript and what witness' testimony you need or what portion of the hearing or trial you need.

If you checked the 'no' box, you must set forth a good reason and explain in detail why you need the transcript.

5. In the "Wherefore Clause", check whether you are requesting all or a portion of the cost of the transcript to be waived. Sign and date the Petition to Waive Costs for All or a Portion of Transcript Costs.

AFFIDAVIT

Line 1 You are the Petitioner and stating that you cannot afford to pay the costs for the transcript.

Line 2 You are stating you are unable to borrow money to pay the costs for the transcript.

Line 3

(a). List your name, address, telephone number and email address.

(b). Check the correct box indicating whether you are currently employed.

If you checked "No", list your wages from your last employment and your type of work.

If you checked "Yes", list your employer's name, address, telephone number, amount of wages and type of work.

(c). List any other income you received within the last twelve (12) months. **If an entry does not apply, simply check the box "none"**

(d) List the amount of contributions to household expenses made by your spouse. **If you do not have a spouse or your spouse does not contribute to household expenses, simply check the box "none."**

List the amount of contribution to household expenses made by your parents. **If your parents do not contribute to household expenses, simply check the box "none."**

List the amount of contribution to household expenses made by your adult child(ren). **If your adult children do not contribute to household expenses, simply check the box "none."**

- (e). List any property you own and its value. **If you do not have any of the types of property listed, simply write "none."**
- (f). List any debts or obligations. **If you do not have any debts or obligations, simply check the box "none".**

Line 4 If you have a spouse who is dependent upon you for financial support, write their name. If you have children who are dependent on you for support, list the child's initials and age. **Do not** write their names or dates of birth.

List the other people in your household who depend on you for financial support and their relationship to you.

If you do not have a spouse or minor children dependent upon you for financial support, check the appropriate box.

Line 5 This statement means that you understand you must report any improvement in your financial situation to the Court.

Line 6 This statement means that you are providing accurate information and that you understand certain penalties can be imposed if you make false statements.

FAILURE TO COMPLETE THIS FORM CORRECTLY WILL SIGNIFICANTLY DELAY THE PROCEEDINGS.

MAKE TWO (2) COPIES OF THE COMPLETED FORM. THEREFORE, YOU WILL HAVE THREE (3) TOTAL (THE ORIGINAL AND TWO (2) COPIES).

Take the original and the copies to the correct filing office (Prothonotary's Office for Civil and Family cases, Clerk of Courts' Office for Criminal cases and Register of Wills' Office for Orphans' Court cases). All offices are located on the first floor of the Dauphin County Courthouse, 101 Market Street, Harrisburg, PA 17101.

The filing office will date stamp your forms, will keep the original and one (1) copy and give you one copy for your records.

The 'Petition to Waive Costs for all or a Portion of Transcript Costs will be reviewed by the Court and a hearing may be scheduled if the Court has questions concerning the information provided in the Petition.

FORMS

PETITION TO WAIVE COSTS FOR ALL OR A PORTION OF TRANSCRIPT COSTS

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v.

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

ORDER

AND NOW, this _____ day of _____, 20____, upon consideration of the Petition to Waive All or a Portion of Transcript Costs filed by _____ on _____, 20____, it is Ordered:

- The Petition to Waive All or a Portion of Transcript Costs is **GRANTED** and the Petitioner shall receive a copy of the transcript without any cost.
- The Petition to Waive All or a Portion of Transcript Costs is **GRANTED** and the Petitioner shall pay _____% of the cost of the transcript.
- A hearing on the *In Forma Pauperis* Petition is scheduled for _____ m. on _____, 20____ in Courtroom #_____.
 - Dauphin County Courthouse, 101 Market Street, Harrisburg, PA
 - Juvenile Justice Center, 7th Floor, 25 South Front Street, Harrisburg, PA

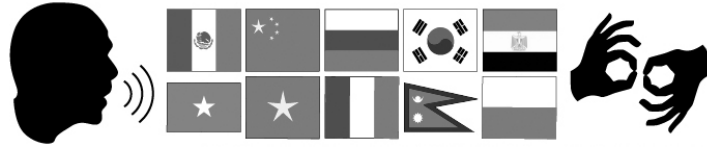
Petitioner shall bring any and all supporting documents, including but not limited to paystubs, bank statements and bills to the hearing.

BY THE COURT:

Judge

Distribution:

Notice of Language Rights



Language Access Coordinator
Dauphin County Court of Common Pleas
101 Market Street, 3rd Floor Court Administrator's Office
Harrisburg, PA 17101
interpreterrequest@dauphincounty.gov
(717) 780-6640

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/粵語簡體中文: 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، يرجى 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: उहाँसँग अझैको लागि कुनै शुल्क नभएको कानूनको अधिकार छ। यदि उहाँलाई अझैको लागि कानूनको अधिकार चाहिए भने उहाँलाई अझैको लागि कानूनको अधिकार चाहिए।

Korean/한국어:

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۔

v.

: IN THE COURT OF COMMON PLEAS
: DAUPHIN COUNTY, PENNSYLVANIA

:
: NO. _____

:
:
:
:

PETITION TO WAIVE ALL OR A PORTION OF TRANSCRIPT COSTS

TO THE HONORABLE COURT:

I hereby certify that I am without financial resources to pay costs associated with my Request for Transcript and respectfully request the Court to waive all or a portion of the transcript costs.

Is the transcript request associated with an appeal or to advance your case? Yes No

If you answered 'Yes', explain in detail why you need the transcript and what witness' testimony you need or what portion of the hearing or trial you need transcribed and why.

If you answered 'No', you must set forth a good reason and explain in detail why you need the transcript.

_____.

WHEREFORE, I request that I be granted permission by the Court to waive all or a portion of the transcript costs in the above-captioned case. I verify that the statements made in this Petition are true and correct. I understand that false statements made are subject to the criminal penalties under 18 Pa.C.S. §4904 (crime of unsworn falsification to authorities).

Respectfully submitted,

Date

Signature

Print Name

AFFIDAVIT

READ BEFORE ANSWERING: YOU MUST ANSWER EVERY QUESTION. IF THERE IS NO AMOUNT TO BE ENTERED, YOU SHOULD CHECK THE BOX 'NONE'.

1. I am the Petitioner and because of my financial condition, I am unable to pay the fees and costs in this case.
2. I am unable to obtain funds from anyone, including my family and friends, to pay the fees and costs of litigation.
3. **I represent that the information below relating to my ability to pay fees and costs is true and correct:**

(a) Name: _____ Email: _____ or NONE
Address: _____ Telephone: _____

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".

(b) **Employment:**

Are you currently employed: YES NO

If you answered 'NO', complete the following:

Date of your last day of employment: _____

Salary or wages: \$ _____ Type of work: _____

If you answered 'YES', complete the following:

Employer or Self Employed: _____

Employer Address: _____

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".

Telephone: _____ Email: _____

Gross salary or wages (**before taxes**): _____ (Circle One) weekly/bi-weekly/monthly

Do not use the amount of your paycheck.

Type of work: _____

(c) **Other income** within the past twelve (12) months

Self-employment income: \$ _____ (Circle One) weekly/bi-weekly/monthly or NONE

Interest and Dividends: \$ _____ or NONE

Pensions and annuities: \$ _____ (Circle One) weekly/bi-weekly/monthly or NONE

Social Security benefits per month: \$ _____ or NONE

Spousal or Child Support payments **received** weekly: \$ _____ or NONE

Disability payments monthly: \$ _____ or NONE

Unemployment/Workers' Compensation weekly: \$ _____ or NONE

Public Assistance monthly: \$ _____ or NONE

Other: \$ _____ or NONE

(d) (1) **Contributions** to household expenses by husband/wife:

Name(s): _____

Is your husband/wife employed? YES NO

Employer: _____

Gross salary or wages (**before taxes**): _____ (Circle One) weekly/bi-weekly/monthly

Do not use the amount of their paycheck.

Type of work: _____

Other contributions to household expenses: \$ _____

(2) **Contributions** to household expenses by parents:

\$ _____.

NONE

(3) **Contributions** to household expenses by adult children:

\$ _____.

NONE

(e) **I own the following:**

Cash: \$ _____ or NONE Checking account: \$ _____ or NONE

Savings account: \$ _____ or NONE Certificates of deposit: \$ _____ or NONE

Stocks and bonds: \$ _____ or NONE

Real estate (including home): Value \$ _____ Mortgage \$ _____ or NONE

Motor vehicle: Make/Year: _____ Cost: \$ _____

Amount Owed: \$ _____ or NONE

Other: \$ _____ or NONE

(f) **I have the following debts and obligations:**

Mortgage: _____ (monthly) or NONE

Rent: _____ (monthly) or NONE

Car Loan: _____ (monthly) or NONE

Personal Loan: _____ (monthly) or NONE

Cable: _____ (monthly) or NONE

Cell Phone: _____ (monthly) or NONE

Insurance: _____ (monthly) or NONE

Utilities: _____ (monthly) or NONE

Credit Cards: _____ (monthly) or NONE

Spousal or Child Support payments **paid** weekly: \$ _____ or NONE

Other: _____ or NONE

4. Persons who are dependent upon me for financial support:

Wife/Husband: Name _____

Child: Initials: _____ Age: _____

Child: Initials: _____ Age: _____

Child: Initials: _____ Age: _____

Child: Initials: _____ Age: _____

Child: Initials: _____ Age: _____

Child: Initials: _____ Age: _____

Other: Name _____ Relationship to Petitioner: _____

or I do not have a wife/husband dependent upon me for financial support.

or I do not have minor children dependent upon me for financial support.

5. I understand that I have a continuing obligation to inform the Court of any improvement in my financial circumstances which would permit me to pay the fees and costs. I understand that if my Petition is approved, the Order only allows the waiver of fees and costs included in the Order for this filing and that I must file a new *In Forma Pauperis* Petition and Affidavit for any future filings in this case.

READ BEFORE ANSWERING: YOU SHOULD NOW REVIEW EVERY LINE TO MAKE SURE THAT EVERY QUESTION IS ANSWERED. FAILURE TO COMPLETE THIS FORM CORRECTLY WILL DELAY THE PROCEEDINGS.

6. I verify that the statements made in this Petition and Affidavit are true and correct. I understand that false statements made are subject to the criminal penalties of 18 Pa.C.S. § 4904 (crime of unsworn falsification to authorities).

Date

Signature of Petitioner

Print Name of Petitioner

CERTIFICATION

I, _____, certify that this *Petition* 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 Petitioner

Print Name of Petitioner