

06-782-CD
Sunny Slope Apts vs Paige Kline

Sunny Slope vs Paige Kline
2006-782-CD

In the Court of Common Pleas of Clearfield County, Pennsylvania
Civil Division

FILED ^{NO} _{CC}
01/10/06
MAY 18 2006

William A. Shaw
Prothonotary/Clerk of Courts

Sunny Slope Apts

Plaintiff

vs.
Paige Kline

Defendant

No. 06-782-CD C.D.

AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED IN FORMA PAUPERIS

1. I am the Plaintiff/Defendant in the above matter and because of my financial condition I 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, friends and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the costs and fees is true and correct.

a. Name Paige Kline
Address 1007C Hill St
Philipsburg, PA 16806
Social Security Number 207-100-3255

b. Date of last employment 4/26/06-Sell employee
Employer The New Oasis
Address Philipsburg PA 16806
Salary/Wages..... \$ 4.70
Type of work waitress

c. Other Income:

Business/Profession..... \$ _____
Self-employment..... \$ _____
Interest..... \$ _____
Dividends..... \$ _____
Pension..... \$ _____
Annuities..... \$ _____
Social Security Benefits..... \$ _____
Support Payments..... \$ _____
Disability payments..... \$ _____
Unemployment Compensation/
Supplements Benefits..... \$ _____
Workmen's Compensation..... \$ _____
Public Assistance..... \$ _____
Food Stamps..... \$ 98.00
Other..... \$ haven't got paid yet

d. Other contributions to my household support (please circle):

Name of Spouse, Boyfriend/Girlfriend, or Roommate/Housemate

n/c

Employer _____

Salary/wages per month..... \$ _____

Type of work _____

Contributions from my child(ren)... \$ _____

Contributions from my parent(s),
family members, or any other
individuals..... \$ _____

e. Property Owned:

Cash..... \$ 0.00
Checking Account..... \$ 31.00
Savings Account..... \$ n/a
Certificates of Deposit..... \$ n/a
Real Estate (including home)..... \$ n/a
Motor Vehicle(s) - Make Ford Tempo
Year 1993
Cost..... \$ 1300.00
Amount owed..... \$ n/a

Stocks, bonds \$ n/a
Other... ~~scribbles~~ \$ ~~scribbles~~
Other..... \$ _____
Other..... \$ _____

f. I have the following debts:

Utilities: \$ 170.00 explain house phone
\$ 25.00 explain electricity
\$ 1000.84 explain cell phone
\$ _____, explain _____
Groceries: \$ 100.00
Rent/Mortgage: \$ 98.00 explain _____
Loan(s): \$ 1000.00, explain School loans
Auto Expense: \$ 60.00, explain Car Insurance
Child Care: \$ _____, explain _____
Miscellaneous: \$ _____, explain _____

g. Person(s) dependent upon you for support:

Wife/Husband's name n/a

Children, if any:

Name	<u>n/a</u>	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____

Other person(s) dependent upon you:

Name	<u>n/a</u>	Age	_____
Name	_____	Age	_____
Name	_____	Age	_____

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

VERIFICATION

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. Section 4904, relating to Unsworn Falsification to Authorities.

4/17/00
Date

Paige H. H.
Petitioner

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, Paige Kline, having filed with the Court an Affidavit requesting In Forma Pauperis standing, hereby consent to the release of any information which may be requested by the Judges of the Court of Common Pleas of Clearfield County, or by any employee of the Court Administrator's Office acting on the behalf and at the direction of any said Judge, relating to any employment compensation, Worker's Compensation, Social Security, Department of Public Welfare or Black Lung benefits which I may receive from any county, state or federal agency which administers or handles processing of any of the above described benefits. This consent shall also authorize the release to the said Court or designee of any information as to any compensation I am receiving, or have received in the past twelve (12) months, from any full or part-time employment of any type whatsoever.

This consent shall remain in effect for a period of twelve (12) months herefrom. A copy or FAX of this release shall have the same legal effect as the original.

Social Security Number: 207 - 666 - 3255
Board of Assistance Number (food stamps, etc.): 95786

DATE: 05/17/06

Paige Kline
signature

DATE: 05/16/06

NAME: Paige Kline

TELEPHONE NUMBER: (814) 343-4794

ADDRESS: 1007C Hill St.
Phillipsburg, PA 16801

OTHER PARTIES INVOLVED: _____

REASON FOR FILING THIS PETITION (Write a brief description of your financial problem(s), please be specific. Failure to do so could result in your request being delayed or denied.) (Example: request for filing fee or Mediation Conference fee to be waived due to your inability to submit the required fee because...)

I was unemployed for 3 months,
and I just went back to
work and I'm having a hard
time meeting my financial
obligations, and car needs.

TYPE OF ACTION: (divorce, custody, District Justice appeal, etc. Please specify what type of action you are pursuing through this application.)

District Justice appeal for an
eviction notice

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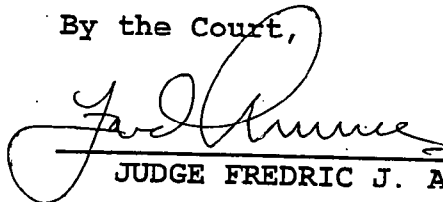
ORDER

NOW, this 16 day of May, 2006, upon consideration of the foregoing Affidavit in Support of Petition to Proceed in Forma Pauperis, it is the ORDER of this Court that said Petition is GRANTED / ~~DENIED~~.

FJA

If the Petition is GRANTED, Filing / ~~Mediation Conference~~ fee is hereby WAIVED.

By the Court,


JUDGE FREDRIC J. AMMERMAN

FILED *icc*
011:19301 Def.
MAY 18 2006 *sm*

William A. Shaw
Prothonotary/Clerk of Courts