

**INSTRUCTIONS AND FORMS
PRO SE CUSTODY ACTIONS
17th JUDICIAL DISTRICT
SNYDER COUNTY BRANCH**

These forms should only be used if there is no existing custody Order. If there is a previous Order you should obtain the forms for a Petition for Modification of Custody.

Disclaimer: This packet is intended for informational purposes only. Nothing in this packet is legal advice. Please contact a lawyer if assistance is needed.

<http://www.pacourts.us/learn/representing-yourself/custody-proceedings>

1. WHAT THIS PACKET CONTAINS

This packet contains two types of papers. First there are instructions, what you are now reading, that tell you what the papers are and how to use them. The instruction section will later tell you how to fill out the papers contained in the forms section.

The **instructions** include headings entitled:

1. What this Packet Contains;
2. Introduction to Instructions for Pro Se Custody Actions;
3. General Guidelines for child custody and Visitation;
4. How to fill out the form of Custody Complaint;
5. How to fill out the Order for the Mediation Orientation Session;
6. How to fill out the Petition for Waiver of Costs;
7. How to fill out the Order Granting Waiver of Costs;
8. How to fill out the Criminal/Abuse Record;
9. How to fill out the Entry of Appearance;
10. How to file the Complaint and Petition;
11. How to serve the Complaint and Order for the mediation orientation session;
12. How to fill out and file the Affidavit of Service;
13. Mediation Orientation Session.

The **forms** are attached at the end of the instructions. They include the following:

- Form 1: Complaint for custody;
- Form 2: Order for mediation orientation session; including Language Access Notice
- Form 3: Petition for Waiver of Costs;
- Form 4: Order Granting Waiver of Costs;
- Form 5: Affidavit of Service.
- Form 6: Criminal Record/Abuse history verifications
- Form 7: Entry of Appearance Form for Self-Represented Party
- Form 8: Confidential Information Form and Directions, available online if not provided in packet

You will be using the papers in the forms section to file with the court.

BEFORE YOU BEGIN TO FILL OUT THE FORMS, BE SURE TO READ ALL OF THE INSTRUCTIONS

BEFORE YOU SIGN ANY VERIFICATION or CERTIFICATION BE SURE THE FORM IS TRUE AND CORRECT

2. INTRODUCTION TO INSTRUCTIONS FOR PRO-SE CUSTODY ACTIONS

This packet will help you get an Order for custody or visitation on your own. "Pro se" is a legal term that means you are doing it on your own, without an attorney.

There are other words that have special meanings you should know about. Under the rules of court, the following words may mean things you wouldn't otherwise expect:

"Parental duties." Includes meeting the physical, emotional and social needs of the child

"Partial physical custody." The right to assume physical custody of the child for less than a majority of the time

"Physical custody." The actual physical possession and control of a child

"Primary physical custody." The right to assume physical custody of the child for the majority of time

"Shared legal custody." The right of more than one individual to legal custody of the child

"Shared physical custody." The right of more than one individual to assume physical custody of the child, each having significant periods of physical custodial time with the child

"Sole legal custody." The right of one individual to exclusive legal custody of the child

"Sole physical custody." The right of one individual to exclusive physical custody of the child.

"Supervised physical custody." Custodial time during which an agency or an adult designated by the court or agreed upon by the parties monitors the interaction between the child and the individual with those rights

Before you begin, **read completely** each set of instructions.

3. GENERAL GUIDELINES FOR CHILD CUSTODY AND VISITATION

These guidelines are provided to help you and the other parent be responsible, reasonable, and flexible in carrying out a child custody and visitation schedule for the best interest of your child. Naturally, they are general and do not address every problem.

Many misunderstandings arise because one parent does not inform the other parent of significant events in the child's development, school problems or successes, athletic events, medical/dental issues, allergies or medication needs, recitals or church activities. Both parents have a right to be involved in the child's significant events. Please remember to inform the other parent in time to prepare for that involvement.

1. The court order or agreement generally provides a schedule which must be followed unless the parties agree to change it.

2. Use the court order or agreement as the basic blueprint and adapt it to fit your changing needs.
3. However, if you cannot agree to changes with the other parent, then you both must obey the schedule set out in the court order or agreement.
4. If there are disputes or disagreements about the meaning of the order or agreement or if there are substantial changes in your or the other parent's living situation, contact your lawyer or the court. Do not simply disobey the order or agreement.
5. Neither parent generally has the right to be in the other's house without express permission.
6. Neither parent should use illegal drugs or drink an excessive amount of alcohol at any time, but especially not before or during periods of custody or visitation.
7. Transportation of the child by car by either parent (or anyone else) should be in a car which is in good running condition, currently inspected, registered, and insured, and driven in a safe manner by a responsible driver with a current valid license. A car seat for infants must be used. If only one parent has a car seat, it should be loaned to the other parent for use when the child is in that parent's custody.
8. The child should be ready to be picked up on time. The parent doing the transporting should be on time.
9. A parent should not expect to receive unscheduled or late night visits or to make changes in the schedule without adequate advance notice to the other parent. Call first or arrange it ahead of time.
10. The best time to agree on unscheduled visits or changes is at the end of the previous visit.
11. Both parents should recognize that illness, work schedules, car problems, and special opportunities may require changes, but that changes must not be proposed simply to prevent or make difficult the other parent's right to visit.
12. Both parents should be reasonable and flexible in making or responding to requests for changes.
13. Neither parent should threaten, harass, assault, or provoke the other parent.
14. Neither parent should curse at or run down the other parent, especially not in the child's presence.
15. Both parents should remember that it is generally in the child's best interests to know, love, and respect both parents.
16. Children should not be used as messengers or intermediaries between parents. Parents should communicate directly with each other about custody matters.

4. HOW TO FILL OUT THE FORM OF CUSTODY COMPLAINT

Introduction. The custody complaint is the document that identifies the parties and children. It gives the court basic facts about the situation.

Complete the entire Complaint. Do not leave any blank spaces.

Please note: **DO NOT PROVIDE MINOR CHILDREN'S NAMES OR DATES OF BIRTH ANYWHERE WITHIN THIS PAPERWORK EXCEPT WITHIN THE CONFIDENTIAL FORM .**

- a. When you fill in the missing information, **print in ink** or **type**. The forms **must** be neat and readable.
- b. The Complaint is in the form required by the courts. Some questions and facts are repeated. Answer every question.
- c. On some questions, you are given two possible answers in parentheses [()]. Choose, circle and/or fill in the correct answer; cross out the one that is wrong.
- d. Give complete addresses and exact dates. If you aren't sure, give your best guess as to the month and at least the city and county of the address, even if you don't know the street and box number.
- e. If you do not know the answer, mark "unknown".

Paragraph by paragraph instructions.

Caption. Above the words "Complaint for Custody" is the part of the form known as the caption. Fill in the names of the parties "plaintiff" and "defendant." You are the plaintiff; the other parent is the defendant. If someone else claims or has custody, he/ she should be identified as a defendant also. You should not write any number in the caption; the Prothonotary will assign a number when the papers are filed.

- 1-3.** Give your complete name and address, the defendant's complete name and address, and the names, addresses and ages of each child involved. Again do not include minor children's names or dates of birth.

Fill in the blank regarding whether the child was or was not born out of wedlock.

Next, fill in the name of the person or persons with whom the child/children currently live.

Think about all the places where the child has lived over the last five years. The first column should list in order the dates between moves; the first entry should start with the date of the oldest address; the last entry should give the date of the last move through the present.

For each period between moves, list the address for that period in the middle column.

For each address, list in the third column all the persons who lived with the children at that address and for that period.

Next, fill in the requested information about the mother of the child/children.

Next, fill in the requested information about the father of the child/children.

4. Fill in the blanks.
5. Fill in the blanks.
6. Circle "has" or "has not", whichever applies. If you circled "has", please fill in the information requested on the line provided.

After you have filled in the first two lines, then circle "knows" or "does not know", whichever applies. If you circled "does know", please fill in the information requested on the line provided

7. Provide the necessary information about other persons who may claim custody rights to the child/children. If you don't know of any such person, answer "none". "WHEREFORE" Circle the type of custody you seek. If you are not sure, read the definitions at the beginning of these instructions.

VERIFICATION Date and sign the verification. You doing so means you are telling the truth about your answers, and can be punished for any false statement.

CERTIFICATION of Compliance Statement/Form: Sign and date. You doing so means you have complied with the court'

You are now ready to go on to the form Mediation Scheduling Order.

5. **HOW TO FILL OUT THE ORDER FOR THE MEDIATION ORIENTATION SESSION**

After you complete the complaint, you should fill in the form entitled "ORDER". This form is the Order that will initiate your mediation orientation session.

You only need to fill in the names of the parties, plaintiff and defendant, in the "caption" as you did for the form of Complaint. The caption should be the same on all the papers you fill out.

DO NOT FILL IN ANY OTHER BLANKS ON THE FORM OF ORDER.

Arrange the form of order and the form of complaint so that the form of Order is the top, covering page, and put them aside.

Later on, you will need to make at least two (2) photocopies of the package containing the order and complaint. (If you have named more than one defendant, you will need one (1) extra photocopy for each additional defendant. For example, if you named two (2) defendants, you will need three (3) copies.)

Since there are other documents you may need to make photocopies of, you may wish to hold off on making copies of the form of order and complaint until you have completed the remaining forms.

Once you have made copies, staple one form of order on top of one form of complaint for as many copies as you have made, plus the originals. Put all the copies aside.

You are now ready to go on to the form of Petition for Waiver of Costs.

6. HOW TO FILL OUT THE PETITION FOR WAIVER OF COSTS

INTRODUCTION. In order to file a new court action, there are usually filing fees which must be paid to the Prothonotary. Those fees change from time to time. You can check with the Prothonotary to find out how much it usually costs to file.

There may be other costs to consider. If no agreement is reached about custody, and the court has to decide who the children will live with, it may wish to order home studies or psychological evaluations of the children and parties. These things may cost more money. If the parties can afford it, the costs are usually placed on them by the court.

However, if you don't think you can pay the filing fees or other costs, you can ask the court to waive some or all of the costs.

If you can afford to pay the filing costs, you should. If you do pay the filing costs, you won't need to ask the court to waive costs at this time. (If, later on, you face costs you don't think you can afford, you can file at that time.)

On the other hand, if you cannot afford to pay the filing fee now, you will need to fill out another form.

The form you need to fill out is the Petition for Waiver of Costs. Once filed, the court will consider the information in your petition to decide whether to permit you to go forward without having to prepay filing fees. If the court later orders home studies or professionals to interview the children or parties, your petition may relieve you of some or all of those costs as well.

FILLING OUT THE FORM

Caption. Once again, you must fill in the names of the parties plaintiff and defendant in the "caption". The caption should be the same as on the form of complaint and form of order of court. You do not need to fill in the number of the case, which will be assigned by the Prothonotary.

3 The form asks you to fill in facts about your personal situation and finances, including your employment, income, expenses, debts and assets. Be sure to include income from all sources, including government benefits like public assistance, unemployment compensation, or food stamps. Don't forget money you may get from your spouse if you are married, from parents, friends or family, for from an order for child support. Be sure to include all payment obligations, such as utility, food and clothing expenses. Finally, identify all persons that depend on your income for support, including children and your spouse, if any. **DO NOT USE MINOR CHILDREN'S NAMES, use CONFIDENTIAL FORM** for all this information.

4 and 5 Be sure to read these paragraphs. They require you to inform the court of any improvement in your financial circumstances that would permit you to pay some or all of the costs you

are asking the court to waive. When you date and sign the petition after paragraph 5, you are promising that the information you have filled in is true. You can be punished for any false statement.

7. FILLING OUT THE ORDER FOR WAIVER OF COSTS

Caption Fill in the names of parties- plaintiff and defendant as you have done on the other forms. Do not fill in the number of the court action. The number will be assigned by the Prothonotary.

There is nothing more for you to fill out on this form. If the court grants the petition, your custody action can proceed.

Place the form of Order for Waiver of Costs on top of the Petition for Waiver of Costs. You will need to make one (1) copy. (If you did not make copies of the complaint for Custody and scheduling Order of Court, you should do so at this time. Refer to heading number 4.

HOW TO FILL OUT THE FORM OF SCHEDULING ORDER OF COURT.) Staple one form Order for Waiver of Costs on top of each of the two (2) copies of Petition for Waiver of Costs. You are now ready to file all the papers with the Prothonotary.

8. HOW TO FILL OUT THE CRIMINAL/ABUSE RECORD VERIFICATION FORM

Caption. Once again, you must fill in the names of the parties, plaintiff and defendant, in the "caption". The caption should be the same as on the form of complaint and form of order of court. You do not need to fill in the number of the case, which will be assigned by the Prothonotary.

Follow the Instructions on the first page of the form. Note that the form applies to you and any other adults living in your household. You must provide answers for every offense. You must also provide answers to questions 3, 4, and 5.

After you have completed the form, please sign the form and print your name on the line underneath your signature.

Included in the forms is an additional Criminal/Abuse Record Verification Form. You must also serve both your completed and a blank Criminal/Abuse Verification Form on the opposing parties. This additional form should be left blank for the opposing party to complete.

9. HOW TO FILL OUT THE ENTRY OF APPEARANCE OF A SELF-REPRESENTED PARTY

Caption. Once again, you must fill in the names of the parties, plaintiff and defendant, in the "caption". The caption should be the same as on the form of complaint and form of order of court. You do not need to fill in the number of the case, which will be assigned by the Prothonotary.

Fill in the requested information. Please note you have an obligation to continue to update the information contained on the form whenever there are changes.

After you have completed the form, please sign the form and print your name on the line underneath your signature.

10. HOW TO FILE THE COMPLAINT AND PETITION

You are now ready to file. Take all your papers to the Prothonotary's Office in the courthouse. If you are asking the court to waive the filing fee, you should have two different groups of papers. The first group contains the completed form of Complaint for Custody covered by Order form; the second group contains the completed form of Petition for Waiver of Costs covered by the completed form of Order for Waiver of Costs. The first group contains an original and at least two (2) copies; the second group contains an original and one (1) copy.

Present the two groups of papers to the Prothonotary. (If you choose to pay the filing fee, you can, and you need not submit the Petition for Waiver of Costs.) The Prothonotary will assign a number to the case and place that number on and "certify" all the documents. The Prothonotary will take the Petition for Waiver of Costs to the Judge.

When the Order waiving Costs and Order for the mediation orientation session are signed, the Prothonotary will return all the certified copies to you; the originals become part of the permanent court records. You should keep one copy of each document for yourself.

You must then promptly serve one copy of the certified Order (for mediation orientation session) and Complaint for custody upon each Defendant. Go on to the next heading for instructions on how to do so.

11. HOW TO SERVE THE COMPLAINT AND ORDER FOR THE MEDIATION ORIENTATION SESSION, COMPLETED CRIMINAL/ABUSE RECORD VERIFICATION FORM AND BLANK CRIMINAL/ABUSE RECORD VERIFICATION FORM.

You must give the other party (parent) legal notice that you have filed for custody. This type of notice is known as "service."

Service of the Order, Complaint, completed Criminal/Abuse Record form and blank Criminal/Abuse Record Verification form is your responsibility. It can be served by certified Mail. To do so, you must send the Complaint and Order by certified mail, return receipt requested, to be signed by the ADDRESSEE ONLY.

The addressee **must** be the Defendant. The Post Office can help you send certified mail.

When you mail certified mail, you will receive a "Sender's Receipt". Keep this. You will need this as proof of service.

Service **must** be made within thirty (30) days from the date the Complaint is filed in the Prothonotary's Office. However, you should mail the papers as soon as possible. The defendant must receive them at least ten (10) days before the conference.

Service is complete once the Defendant has received the papers.

You will have proof that service is completed once you receive back the "green card" from the "certified mailing" with the Defendant's signature on the card.

When you receive back the "green card", you need to attach it to and complete the form of Affidavit of Service.

The Affidavit of Service should be completed and filed with the Prothonotary. The sender's receipt and green card should be stapled to the Affidavit of Service when it is filed.

The Affidavit states that on a certain day you mailed a correct copy of the Order and Complaint by certified mail to the defendant's address. It also says that the defendant received it on a specific day. That date of receipt is on the green card.

12. HOW TO FILL OUT AND FILE THE AFFIDAVIT OF SERVICE

Caption. Once again, you must fill out the names and addresses of the parties plaintiff and defendant. Now that the action has been filed, it has a docket number that was assigned by the Prothonotary. The number appears on the copies you got back from the Prothonotary. Make sure that you neatly print or type the correct docket number in the space provided in the lower right hand side of the caption.

Fill in your name, the date you sent the papers to the defendant (which appears on your sender's receipt), the defendant's name and address, and the date the defendant received the papers (from the green card).

Staple your Sender's Receipt and Green Card to the Affidavit.

Make one photocopy of the Affidavit of Service. File the original with the Prothonotary. Keep a copy for yourself and bring it with you to the conference.

13. MEDIATION ORIENTATION SESSION

After you file the Complaint and Order you will be required to attend a mediation orientation session. You must call the phone number listed in the Order within ten (10) days of your filing of your Complaint. You cannot receive a hearing before the court until you and the Defendant named in your Complaint have completed the mediation orientation session. If the Defendant does not comply with the Order for the mediation orientation session, the Court will be notified by the Mediation Program Administrator, and the Court will take appropriate action.

	:	IN THE COURT OF COMMON PLEAS
PLAINTIFF	:	OF THE 17 TH JUDICIAL DISTRICT
vs.	:	OF PENNSYLVANIA
	:	SNYDER COUNTY BRANCH
DEFENDANT	:	CIVIL ACTION-CUSTODY
	:	NO: _____
	:	
	:	

ORDER OF COURT

You, _____, (defendant)(respondent) have been sued in court to (OBTAIN) (MODIFY) (shared legal custody)(sole legal custody)(partial physical custody)(primary physical custody) (shared physical custody)(sole physical custody)(supervised physical custody) of the child[ren]: SEE CONFIDENTIAL INFORMATION FORM .

_____ You are ordered to appear in person in the _____ of the SNYDER County Courthouse Middleburg, Pennsylvania, on _____, 20__ at _____ .M. for:

- _____ a custody conference before the Custody Hearing Officer.
- _____ a pretrial conference.
- _____ a hearing before the court.

OR

_____ You are ordered to appear for mediation pursuant to a separate Order issued this date.

If you fail to appear as provided by this Order, an Order for custody may be entered against you or the court may issue a warrant for your arrest.

You

must file with the court a verification regarding any criminal record or abuse history regarding you and anyone living in your household on or before the initial in-person contact with the court (including, but not limited to, a conference with a conference officer or judge or conciliation) but not later than 30 days after service of the complaint or petition.

No party may make a change in the residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all of the applicable provisions of 23 Pa.C.S. § 5337 and Pa.R.C.P. No. 1915.17 regarding relocation.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED OR NO FEE

Office of the Court Administrator
SNYDER County Courthouse
9 West Market Street
Middleburg, Pennsylvania 17837
(570) 837-4344

The Petitioning party shall serve a copy of the Petition and this Order upon the Respondent by certified mail, return receipt requested, and shall file an affidavit of service with the Court prior to the hearing.

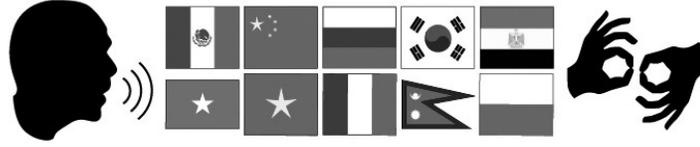
BY THE COURT:

Date: _____, 20____
_____ J.

AMERICANS WITH DISABILITIES

The Court of Common Pleas of SNYDER County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the Court please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the Court. You must attend the scheduled conference or hearing.

Notice of Language Rights



Language Access Coordinator
9 West Market St. Middleburg/ 103 S. Second St. Lewisburg
Snyder & Union County Courthouse
570-837-4344/ 570-524-8792

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/粤语简体中文: 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。

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: तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न, यस सूचनाको माथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

Korean/한국어: 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알리십시오.

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.

Punjabi/ਪੰਜਾਬੀ/Pakistan/پنجاب: تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست پاکستان/پنجاب: کرن لئی، میربانی کر کے ایس نوٹس دے اوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔

Punjabi/ਪੰਜਾਬੀ/India: ਤੁਹਾਨੂੰ ਇਕ ਦੁਭਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਭਾਸ਼ੀਏ ਲਈ

ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਦਿੱਤੀ ਸੰਪਰਕ

ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ। **Portuguese/Português:** Você tem direito a um intérprete gratuitamente. Para

solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

Somali/Somaali: Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

Haitian Creole/Kreyòl Ayisyen: Ou gen dwa resewva sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsònèl tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt avi sa a.

French/Français: Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.

	PLAINTIFF	:	OF THE 17 TH JUDICIAL DISTRICT
		:	OF PENNSYLVANIA
vs.		:	SNYDER COUNTY BRANCH
		:	
_____		:	CIVIL ACTION-CUSTODY
	DEFENDANT	:	
		:	NO: _____

COMPLAINT FOR CUSTODY

1. Plaintiff is _____, born on _____, residing at _____ (Street)

(City) (Zip Code) (County)

2. Defendant is _____, born on _____, residing at _____ (Street)

(City) (Zip Code) (County)

3. Plaintiff seeks (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the following child(ren):

DESIGNATION	PRESENT RESIDENCE	AGE
____ CHILD#1 _____	_____	_____
____ CHILD () _____	_____	_____
____ CHILD () _____	_____	_____
____ CHILD () _____	_____	_____
____ CHILD () _____	_____	_____

CHILDREN to be identified on the State CONFIDENTIAL FORM ONLY

The child(ren) _____ born out of wedlock.
 (was) (was not)

The child(ren) is presently in the custody of _____ (Name)

who resides at _____.

During the past five years, the child(ren) have resided with the following persons and at the following addresses:

(Dates)

(List All Addresses)

(Persons)

_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

The mother of the child(ren) is _____
(Name)

currently residing at _____
(Street) (City) (Zip) (County)

She is _____
(married) (divorced) (single)

The father of the child(ren) is _____
(Name)

currently residing at _____
(Street) (City) (Zip) (County)

He is _____
(married) (divorced) (single)

4. The relationship of plaintiff to the child is that of _____.

The plaintiff currently resides with the following persons:

Name	Relationship
------	--------------

5. The relationship of defendant to the child is that of

The defendant currently resides with the following persons:

Name	Relationship
------	--------------

6. Plaintiff (has) (has not) participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child in this or another court. The court, term and number, and its relationship to this action is:

Plaintiff (has) (has no) information of a custody proceeding concerning the child pending in a court of this Commonwealth or any other state. The court, term and number, and its relationship to this action is:

Plaintiff (knows) (does not know) of a person not a party to the proceedings who has physical custody of the child or claims to have custodial rights with respect to the child.

The name and address of such person is:

7. The best interest and permanent welfare of the child will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the best interest and permanent welfare of the child: Again, **DO NOT INCLUDE CHILDREN'S NAME(S) in these facts. Reference to them as their designation CHILD #1, #2, etc.**

8. Each parent whose parental rights to the child have not been terminated and the person who has physical custody of the child have been named as parties to this action. All other persons, named below, who are known to have or claim a right to custody of the child will be given notice of the pendency of this action and the right to intervene:

Name	Address	Basis of Claim
<hr/>		

9.(a) If the plaintiff is a grandparent who is not in loco parentis to the child and is seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5323, you must plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(3).

(b) If the plaintiff is a grandparent or great-grandparent who is seeking partial physical custody or supervised physical custody pursuant to 23 Pa.C.S. § 5325, you must plead facts establishing standing pursuant to § 5325.

(c) If the plaintiff is a person seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5324(2) as a person who stands in loco parentis to the child, you must plead facts establishing standing.

10. I have attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No. 1915.3-2.

WHEREFORE, plaintiff requests the court to grant (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the child/children.

I verify that the statements made in this Complaint 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: _____, 20____
_____ (Signature of Plaintiff) pro se

CERTIFICATION OF COMPLIANCE

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

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____

PLAINTIFF	:	IN THE COURT OF COMMON PLEAS
vs.	:	OF THE 17 TH JUDICIAL DISTRICT
DEFENDANT	:	OF PENNSYLVANIA
	:	SNYDER COUNTY BRANCH
	:	CIVIL ACTION-CUSTODY
	:	NO: _____

PETITION FOR WAIVER OF COSTS

1. I am the Plaintiff in the above matter and because of my financial condition 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 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) NAME:
ADDRESS:

(b) EMPLOYMENT

If you are presently employed, state:

EMPLOYER:

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) OTHER INCOME WITHIN THE PAST TWELVE MONTHS

BUSINESS OR PROFESSIONAL:

OTHER SELF-EMPLOYMENT:

INTEREST:

DIVIDENDS:

PENSION OR ANNUITIES:

SOCIAL SECURITY BENEFITS:

SUPPORT PAYMENTS:

DISABILITY PAYMENTS:

UNEMPLOYMENT COMPENSATION:

WORKER'S COMPENSATION:

PUBLIC ASSISTANCE:

OTHER:

(d) OTHER CONTRIBUTORS TO HOUSEHOLD SUPPORT

Name of person contributing:

Relationship to you:

If your spouse contributes and is employed, state:

EMPLOYER:

SALARY OR WAGES PER MONTH:

TYPE OF WORK:

OTHER CONTRIBUTORS:

(e) PROPERTY OWNED

CASH:

CHECKING ACCOUNT:

SAVINGS ACCOUNT:

CERTIFICATES OF DEPOSIT:

REAL ESTATE (INCLUDING HOME) :

MOTOR VEHICLE: MAKE: YEAR:

COST: AMOUNT OWED:

STOCKS, BONDS:

OTHER:

(f) DEBTS AND OBLIGATIONS PER MONTH

MORTGAGE/RENT:

UTILITIES: ELECTRIC: WATER/SEWER:

OIL/GAS/COAL: PHONE:

CABLE:

LOANS:

CREDIT CARDS:

FOOD: NON-FOOD:

CHILD SUPPORT:

CHILD CARE:

TRANSPORTATION COSTS:

MEDICAL BILLS:

BACK TAXES:

MISCELLANEOUS HOUSEHOLD EXPENSES

(g) PERSONS DEPENDENT UPON YOU FOR SUPPORT

CHILDREN, IF ANY:

IDENTIFY CHILD BY DESIGNATION CHILD #1,2,3 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 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Date: _____, 20_____

(Signature of Plaintiff) pro se

CERTIFICATION OF COMPLIANCE

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

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____

PLAINTIFF	:	IN THE COURT OF COMMON PLEAS
vs.	:	OF THE 17 TH JUDICIAL DISTRICT
	:	OF PENNSYLVANIA
	:	SNYDER COUNTY BRANCH
	:	
DEFENDANT	:	CIVIL ACTION-CUSTODY
	:	NO: _____

ORDER

AND NOW this ____ day of _____, 20____, upon review of the Petition for Waiver of Costs, which establishes that the Plaintiff is without the financial resources to pay some or all of the costs of litigation, it is hereby ORDERED and DIRECTED that pursuant to Pa.R.C.P. 240, the Plaintiff is permitted to proceed In Forma Pauperis, without prepayment of filing costs.

Parties permitted to proceed In Forma Pauperis must inform the Court of improvement in their financial circumstances which will enable them to pay costs. In the event that the party filing the Complaint retains counsel, the costs waived by this Order shall be due and payable within thirty (30) days of the entry of appearance of counsel or the appearance of counsel at any proceeding, unless, prior to the said proceeding Pa.R.C.P. 240(d) and the subparagraphs thereof are complied with in full, including the filing of: a certification by the attorney that he or she is providing free legal services to the party and that he or she believes the party is unable to pay the cost; and the affidavit required by Pa.R.C.P. 240(d)(1)(ii).

BY THE COURT:

J.

PLAINTIFF	:	IN THE COURT OF COMMON PLEAS
vs.	:	OF THE 17 TH JUDICIAL DISTRICT
OF PENNSYLVANIA	:	OF PENNSYLVANIA
DEFENDANT	:	SNYDER COUNTY BRANCH
	:	CIVIL ACTION-CUSTODY
	:	NO: _____

AFFIDAVIT OF SERVICE

I, _____, Plaintiff, certify that on the _____ day of _____ 20__ a true and correct copy of the Order of Court with Complaint for Custody, completed Criminal Record /Abuse History Verification and blank Criminal Record /Abuse History Verification were mailed by certified mail, restricted delivery to the Defendant, _____, at Defendant's current address:

Defendant received the Complaint on the ____ day of _____ 20___. Sender's receipt and return card are attached hereto.

I verify that the foregoing is 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: _____, 20__ _____
Plaintiff

CERTIFICATION OF COMPLIANCE

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

Submitted by: _____
Signature: _____
Name: _____
Attorney No. (if applicable): _____

NOTICE TO ALL PERSONS APPEARING IN COURT

- 1. YOU WILL NOT BE ALLOWED IN THE COURTROOM AT THE TIME OF YOUR HEARING IF YOU ARE INAPPROPRIATELY DRESSED. DO NOT WEAR SHORTS, TANK TOPS, HALTER-TOPS, BARE MIDRIFTS, FLIP FLOPS ETC. OR OTHER UNDIGNIFIED CLOTHING.**
- 2. THE JUDGE HAS THE RIGHT AT ALL TIMES TO CONTROL THE COURTROOM. IF THE JUDGE THINKS YOU ARE INAPPROPRIATELY DRESSED, YOU MAY BE EXCLUDED FROM THE COURTROOM AND THE JUDGE MAY CONSIDER THAT YOU HAVE MISSED YOUR HEARING.**
- 3. YOU ARE NOT PERMITTED TO BRING INTO THE COURTROOM ANY FOOD, BEVERAGES, GUM OR CELL PHONES.**

PLAINTIFF	:	IN THE COURT OF COMMON PLEAS
	:	OF THE 17 TH JUDICIAL DISTRICT
vs.	:	OF PENNSYLVANIA
	:	SNYDER COUNTY BRANCH
	:	
DEFENDANT	:	CIVIL ACTION-CUSTODY
	:	
	:	NO: _____

MEDIATION ORIENTATION SESSION ORDER/KIDS FIRST PROGRAM ORDER

AND NOW, this _____ day of _____, 20____, it is hereby **ORDERED** that the above-named parties shall within ten (10) days of the date of receipt of a copy of this Order contact the Court-approved Mediation Program Administrator at **570-374-1718**, to schedule both a kids first program and a mediation orientation session, such session to be conducted within forty-five (45) days of the filing date of the custody pleading accompanying this Order. No hearing shall be scheduled before the Court until the mediation orientation session has been completed.

FAILURE TO COMPLY WITH THE FOREGOING ORDER MAY RESULT IN THE IMPOSITION OF SANCTIONS (INCLUDING A DISMISSAL OF THE CUSTODY ACTION, DENIAL OF A HEARING, OR AWARD OF COUNSEL FEES) AND/OR A FINDING OF CONTEMPT.

CRIMINAL/ABUSE HISTORY VERIFICATION FORM

Both parties must file with the court and provide to the opposing party a verification regarding any criminal record or abuse history regarding you and anyone living in your household on or before the Kids First Program or Mediation Orientation Session but not later than 30 days after service of the complaint or petition.

RELOCATION NOTICE

Anyone that has custody rights to any child **MAY NOT** relocate (move) from their current address unless:

- OR
- (1) All parties having custody rights have been given written consent to the relocation.
 - (2) The relocation has been authorized by Court Order.

Anyone intending to relocate **MUST** give at least sixty (60) days advance written notice of the relocation to **ALL PARTIES** pursuant to 23 Pa.C.S.A. § 5337. Any party may file an objection to the relocation with the Court pursuant to 23 Pa.C.S.A. § 5337.

The filing party shall serve this Order upon all other parties along with a copy of this custody pleading and file a proof of service with the Court.

There shall be a **\$40.00** fee imposed on each party to defray the costs of the mediation, this fee shall be paid at the first (1st) Kids First Program Session or Mediation Orientation session.

BY THE COURT:

J.

Copies to: Plaintiff
 Defendant
 Mediation Program Administrator

**COVER SHEET for
CRIMINAL RECORD/ABUSE
HISTORY VERIFICATION SHEET**

****MUST BE COMPLETED**

- 1) By Plaintiff; and**
- 2) Must cover the Plaintiff and ALL Adults residing in Plaintiff's household; and**
- 3) SUBMITTED at the time of filing the Complaint.**
- 4) Plaintiff must serve attached verification sheet on the defendant along with Complaint, see #10 of instructions**
- 5) Additional copies available in Prothonotary's office, as needed.**

(1-Copy of Criminal Record/Abuse History Verification attached)

 PLAINTIFF

IN THE COURT OF COMMON PLEAS
 SNYDER COUNTY, PENNSYLVANIA

vs.

NO. _____

 DEFENDANT

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

I, _____, hereby swear or affirm, subject
 PRINT NAME

to penalties of law including 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the "YES" box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. §6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

Answer		Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
Yes	No					
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



18 Pa.C.S. §2901
(relating to kidnapping)



Answer Yes or No		Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Answer Yes or No		Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Answer
Yes or No**

Crime

Self

**Other
household
member**

**Date of conviction,
guilty plea, no
contest plea or
pending charges**

Sentence

YES NO

18 Pa.C.S. §5903(c) or (d)
(relating to obscene and other
sexual materials and
performances)

- | | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Pa.C.S. §6301 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | (relating to corruption of
minors) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Pa.C.S. §6312 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | | (relating to sexual abuse of
children) | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Pa.C.S. §6318 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | | (relating to unlawful contact
with minor) | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Pa.C.S. §6320 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | | (relating to sexual exploitation
of children) | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 23 Pa.C.S. § 6114 (relating to | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | | contempt for violation of
protection order or
agreement) | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Driving under the influence of | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | | drugs or alcohol | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Manufacture, sale, delivery, | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | | holding, offering for sale or
possession of any controlled
substance or other drug or
device | | | | |

2. Unless indicated by my checking the "YES" box next to an item below, neither I nor any other member of my household have a history of violent or abusive conduct , or involvement with a Children & Youth agency including the following:

Answer Yes or No			Self	Other household member	Date
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>	A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Where: _____ Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse:

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child.

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain:

I verify that the statements made in the Criminal Record/Abuse History Verification are **true and correct to the best of my knowledge, information and belief**. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities and **can be punishable by fine or imprisonment**.

Date: _____

Signature

Printed Name

**COVER SHEET for
CRIMINAL RECORD/ABUSE
HISTORY VERIFICATION SHEET**

****MUST BE SERVED TO DEFENDANT**

And COMPLETED AS FOLLOWS

- 1) Plaintiff must serve attached verification sheet to the defendant.**
- 2) Criminal Record/Abuse History verification must be completed by Defendant and cover ALL Adults residing in the household; and**
- 3) MUST be complete within 10-days of service of Complaint AND filed in the Prothonotary's office.**
- 4) This information history sheet must be completed even if both parties have reached an agreement in Mediation Session.**
- 5) Additional copies available in Prothonotary's office, as needed.**

PLAINTIFF

IN THE COURT OF COMMON PLEAS
SNYDER COUNTY, PENNSYLVANIA

vs.

NO. _____

DEFENDANT

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

I, _____, hereby swear or affirm, subject

PRINT NAME

to penalties of law including 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the "YES" box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. §6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

Answer Yes or No		Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Answer Yes or No		Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Answer Yes or No		Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Answer
Yes or No**

Crime

Self

**Other
household
member**

**Date of conviction,
guilty plea, no
contest plea or
pending charges**

Sentence

YES NO

18 Pa.C.S. §5903(c) or (d)
(relating to obscene and other
sexual materials and
performances)

<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6301	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	(relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6312	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		(relating to sexual abuse of children)				

<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6318	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		(relating to unlawful contact with minor)				

<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6320	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
		(relating to sexual exploitation of children)				

<input type="checkbox"/>	<input type="checkbox"/>	23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
--------------------------	--------------------------	--	--------------------------	--------------------------	-------	-------

<input type="checkbox"/>	<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
--------------------------	--------------------------	--	--------------------------	--------------------------	-------	-------

<input type="checkbox"/>	<input type="checkbox"/>	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
--------------------------	--------------------------	---	--------------------------	--------------------------	-------	-------

2. Unless indicated by my checking the "YES" box next to an item below, neither I nor any other member of my household have a history of violent or abusive conduct , or involvement with a Children & Youth agency including the following:

Answer Yes or No			Self	Other household member	Date
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>	A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Where: _____ Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse:

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child.

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain:

I verify that the statements made in the Criminal Record/Abuse History Verification are **true and correct to the best of my knowledge, information and belief**. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities and **can be punishable by fine or imprisonment.**

Date: _____

Signature

Printed Name

IN THE COURT OF COMMON PLEAS OF SNYDER COUNTY, PENNSYLVANIA

PLAINTIFF

vs.

NO. _____

DEFENDANT

ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY

1. I am the Plaintiff Defendant in the above-captioned **(MARK ONE)** custody, divorce, support, protection from abuse, paternity case.
2. This **(MARK ONE)** is is not a new case and I am representing myself in this case and have decided not to hire an attorney to represent me.

OR (check only one box)

- This is **NOT** a new case and _____ previously
(Name of Attorney)
represented me in this case. I have decided not to be represented by that attorney and direct the Prothonotary to remove that attorney as my counsel of record in this case.

I have provided a copy of this form to that attorney listed above at the following address:

OR (check only one box)

- I am entering my appearance as a self-represented party (sign) _____
My attorney acknowledges his/her withdrawal as my attorney in this case.
(Attorney signature) _____, Esq.
3. My address for the purpose of receiving all future pleadings and other legal notices is: _____
_____. I understand that this address will be the only address to which notices and pleadings in this case will be sent, and that I am responsible to regularly check my mail at this address to ensure that I do not miss important deadlines or proceedings.
- This is my home address. This is not my home address.
4. My telephone number where I can be reached during normal business hours (8:00 a.m. – 4:30 p.m. Monday – Friday) is _____ My email address is _____
 My telephone number and email address are confidential pursuant to a Protection From Abuse Order.
5. **I UNDERSTAND I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.**
6. I have provided a copy of this form to all other attorneys or other self-represented parties at the following addresses as listed below: (Use reverse side if you need more space)

Name _____ Address _____

Name _____ Address _____

7. I fully understand that by deciding to represent myself, the Court will hold me to the same standards of knowledge regarding the statutory law, evidence law, Local and State Rules of Procedure and applicable case law as a Pennsylvania licensed attorney, and that I must be fully prepared to meet those responsibilities.

I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.

Date

Signature

PRINT CONFIDENTIAL FORM AND DIRECTIONS

ALSO AVAILABLE ON COUNTY WEBSITE

AND RETURN TO THE APPROPRIATE

COURT FILING OFFICE WITH OTHER FORMS.

