

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

**These form should be used to become a party to an existing custody action.**

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

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

Revised 1-2018

**1. WHAT THIS PACKET CONTAINS**

This packet contains two (2) 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 Record Form;
9. How to fill out 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;
14. How to fill out the Petition to Intervene.

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

- Form 1: Complaint for Custody;
- Form 2: Order for the 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: Notice to all Persons Appearing in Court;
- Form 7: Criminal Record/Abuse History Verifications;
- Form 8: Entry of Appearance Form for Self-Represented Party;
- Form 9: Petition for Intervention.
- Form 10: 23 Pa.C.S. §5324 and 23 Pa.C.S. §5325
- Form 11: Confidential Information Form and Directions; available online if not attached to this 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, 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/children

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

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

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

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

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

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

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

**"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/children and the individual with those rights

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

## **3. GENERAL GUIDELINES FOR CHILD/CHILDREN CUSTODY AND VISITATION**

These guidelines are provided to help you and the other parent be responsible, reasonable, and flexible in carrying out a child/children custody and visitation schedule for the best interest of your child/children. 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/children'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/children'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/children 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/children is/are in that parent's custody.
8. The child/children 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/children's presence.
15. Both parents should remember that it is generally in the child's/children's best interests to know, love, and respect both parents.

#### 4. HOW TO FILL OUT THE FORM OF CUSTODY COMPLAINT

**Introduction.** The custody complaint is the document that identifies the parties and child/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 in this paperwork except on the CONFIDENTIAL FORM.**

- a. When you fill in the missing information, **print in black or blue 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 (2) 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 "Intervenor(s)", "Plaintiff", and "Defendant." You are the Intervenor(s); the other parties are the Plaintiff and the Defendant. If someone else claims or has custody, he/ she should be identified as a Defendant also. You should write the same case number in the caption as in the action filed by the Plaintiff against the Defendant.

- 1-3. Give your complete name and address, the Plaintiff's complete name and address, and the Defendant's complete name and address.
4. Give the designation child #1, 2, 3 etc. as appropriate, addresses and ages of each child/children involved. **DO NOT INCLUDE MINOR CHILDREN'S NAME(S) OR DATES OF BIRTH.**

Fill in the blank regarding whether the child/children was/were or was not/were 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/children has/have lived over the last five (5) 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 child/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.

5. Fill in the blanks about your relationship to the child/children and with whom you live.

6. Fill in the blanks about your relationship with the Plaintiff and the Defendant and with whom the Plaintiff and Defendant currently live.

7. 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.

8. Give the reasons why you believe the Court should do what you are asking the court to do.

9. Fill in the blanks.

10. Refer to the laws attached to these instructions. Explain with reference to the attached law why you have the right to intervene in this custody action.

"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 you 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's rules regarding confidential information.

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 required mediation orientation session.

You only need to fill in the names of the Plaintiff, Defendant, and Intervenor(s) 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 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 Plaintiff/Defendant, you will need one (1) extra photocopy for each additional defendant. For example, if you named two (2) Plaintiff(s)/Defendant(s), 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 child/children will live with, it may wish to order home studies or psychological evaluations of the child/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 child/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 Plaintiff, Defendant, and Intervenor(s) in the "caption". The caption should be the same as on the form of complaint and form of order of court. You should fill in the number of the case.

**Paragraph 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, or 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 INCLUDE MINOR CHILDREN'S NAMES USE CONFIDENTIAL FORM FOR THIS INFORMATION.**

**Paragraphs 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 the Plaintiff, Defendant, and Intervenor(s) as you have done on the other forms. You should fill in the number of the case.

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 HISTORY VERIFICATION FORM**

**Caption.** Once again, you must fill in the names of the Plaintiff, Defendant, and Intervenor(s) in the "caption". The caption should be the same as on the form of complaint and form of order of court. You should fill in the number of the case.

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, on behalf of yourself and ALL adults living in your household, please sign the form and print your name on the line underneath your signature.

## **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 and the Petition for Intervention; 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 (2) 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 take the Petition for Waiver of Costs to the Judge.

When the Order waiving Costs and Order for mediation orientation session are signed, the Prothonotary will return all of the certified copies to you; the originals become part of the permanent court records. You should keep one (1) copy of each document for yourself.

You must then promptly serve one (1) 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, ORDER FOR THE MEDIATION ORIENTATION SESSION, AND CRIMINAL RECORD/ABUSE HISTORY VERIFICATION FORM**

You must give the Plaintiff and Defendant legal notice that you have filed for custody. This type of notice is known as "service."

Service of the Complaint, Order, and Criminal Record Verification Form is your responsibility. These documents 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 Plaintiff and 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 Plaintiff/Defendant must receive them at least ten (10) days before the conference.

Service is complete once the Plaintiff and Defendant have received the papers.

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

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 Plaintiff and Defendant's address. It also says that the Plaintiff and 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 Plaintiff, Defendant, and Intervenor(s). 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 Plaintiff and Defendant (which appears on your sender's receipts), the Plaintiff and Defendant's names and addresses, and the date the Plaintiff and 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 Plaintiff/Defendant named in your Complaint have completed the mediation orientation session. If the Plaintiff/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.

## **14. HOW TO FILL OUT THE PETITION TO INTERVENE**

**Introduction.** The Petition to Intervene is the document that you file to become a party in a custody action that has already been filed with the court. It gives the court basic facts about you, the other parties in the custody action, and the child/children who are the subjects of the custody action.

**Complete the entire Petition. Do not leave any blank spaces.**

Please note:

- a. When you fill in the missing information, **print in black or blue ink** or **type**. The forms **must** be neat and readable.

- b. The Petition to Intervene is in the form required by the courts. Answer every question.
- c. 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.
- d. If you do not know the answer, mark "unknown".

### PARAGRAPH BY PARAGRAPH INSTRUCTIONS

**Caption.** Above the words "PETITION FOR INTERVENTION" is the part of the form known as the caption. Fill in the names of the parties "Plaintiff" and "Defendant." This is the information in the caption from the custody action that has already been filed with the court.

- 1. Give your complete name and address. Fill in the blank for your relationship with the child/children who is/are the subject of the custody action filed with the court.

Fill in the blank regarding the Plaintiff and the Defendant. These are the names of the Plaintiff and Defendant in the custody action already filed with the court.

**If there are other parties in the caption of the custody action already filed with the court, fill in their information.**

- 2. Fill in the blanks. On the line after the words "**action indexed to**", fill in the docket number of the custody action already filed with the court. Also fill in the county where the custody action has already been filed.

**If there is a custody order for the child/children, fill in the lines for the docket number and county where the court order has been entered by a court.**

- 3. Fill in the blanks.

After the "WHEREFORE" paragraph, sign your name(s) on the lines provided.

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

On the "ORDER", fill in the same information on the **Caption** that you did on the **Caption of the Petition to Intervene**. DO NOT COMPLETE any other information on the Order.

|               |   |   |
|---------------|---|---|
| _____         | : | IN THE COURT OF COMMON PLEAS              |
| PLAINTIFF     | : | OF THE 17 <sup>TH</sup> JUDICIAL DISTRICT |
|               | : | OF PENNSYLVANIA                           |
| vs.           | : | SNYDER COUNTY BRANCH                      |
|               | : |   |
| _____         | : | CIVIL ACTION-CUSTODY                      |
| DEFENDANT     | : |   |
|               | : | NO: _____                                 |
| vs.           | : |   |
|               | : |   |
| _____         | : |   |
| INTERVENOR(S) | : |   |

**ORDER OF COURT**

You, \_\_\_\_\_, (defendant)(plaintiff) 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 PESONS AT A REDUCED OR NO FEE

Office of the Court Administrator  
SNYDER County Courthouse  
9 West Market Street  
Middleburg, Pennsylvania 17842  
(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.

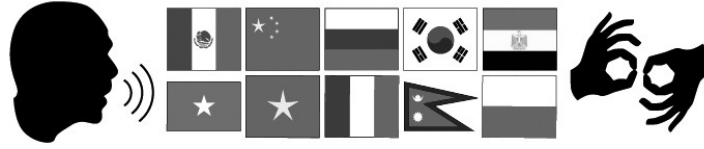
BY THE COURT:

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/العربية:** يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. لطلب مترجم، يُرجى 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.

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

**Punjabi/ਪੰਜਾਬੀ /India:** ਤੁਹਾਨੂੰ ਇਕ ਦੁਬਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਬਾਸ਼ੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉੱਤੇ 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 resevwa 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.

|               |   |   |
|---------------|---|---|
| _____         | : | IN THE COURT OF COMMON                    |
|               | : | PLEAS                                     |
| PLAINTIFF     | : | OF THE 17 <sup>TH</sup> JUDICIAL DISTRICT |
| vs.           | : | OF PENNSYLVANIA                           |
| _____         | : | SNYDER COUNTY BRANCH                      |
| DEFENDANT     | : |   |
| vs.           | : | CIVIL ACTION - LAW                        |
| _____         | : | CUSTODY                                   |
| INTERVENOR(S) | : | NO. _____                                 |

**COMPLAINT FOR CUSTODY**

1. Intervenor(s) is/are \_\_\_\_\_, residing at \_\_\_\_\_.

(Street) (City) (Zip Code) (County)

2. Plaintiff is \_\_\_\_\_, residing at \_\_\_\_\_.

(Street) (City) (Zip Code) (County)

3. Defendant is \_\_\_\_\_, residing at \_\_\_\_\_.

(Street) (City) (Zip Code) (County)

4. Intervenor(s) seeks/seek (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/children:

**DESIGNATION**

**CHILD # 1, 2,3, etc.**

**PRESENT RESIDENCE**

**AGE**

\_\_CHILD

1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_CHILD

2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_( )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_( )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( )

**CHILDREN TO BE IDENTIFIED BY NAME ONLY ON THE STATE CONFIDENTIAL FORM**

The child/children \_\_\_\_\_ born out of wedlock.  
(was) (was not)

The child/children is/are presently in the custody of \_\_\_\_\_  
(name)

who resides at \_\_\_\_\_.

During the past five years, the child/children has/have resided with the following persons and at the following addresses:

**(Dates)**

**(List All Addresses)**

**(Persons)**

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

The mother of the child/children is \_\_\_\_\_  
(name)

currently residing at \_\_\_\_\_  
(street) (city) (Zip) (County)

She is \_\_\_\_\_  
(married) (divorced) (single)

The father of the child/children is \_\_\_\_\_  
(name)

currently residing at \_\_\_\_\_  
(street) (city) (Zip) (County)



He is \_\_\_\_\_  
(married) (divorced) (single)

5. The relationship of Intervenor(s) to the child/children is that of \_\_\_\_\_.

The Intervenor(s) currently resides/reside with the following persons:

| Name  | Relationship |
|-------|--------------|
| <hr/> |              |

6. The relationship of Intervenor(s) to the Plaintiff is that of \_\_\_\_\_.

The relationship of Intervenor(s) to the Defendant is that of \_\_\_\_\_.

The Plaintiff currently resides with the following persons:

| Name  | Relationship |
|-------|--------------|
| <hr/> |              |

The defendant currently resides with the following persons:

| Name  | Relationship |
|-------|--------------|
| <hr/> |              |

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

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

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

The name and address of such person is:

\_\_\_\_\_

8. The best interest and permanent welfare of the child/children 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/children):

**DO NOT INCLUDE CHILDREN'S NAME(S) REFER TO THEM AS THEIR DESIGNATION CHILD 1, 2, 3, etc.**

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9. Each parent whose parental rights to the child/children has/have not been terminated and the person who has physical custody of the child/children has/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/children will be given notice of the pendency of this action and the right to intervene:

| Name | Address | Basis of Claim |
|------|---------|----------------|
|------|---------|----------------|

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10. (a) If the Intervenor(s) is a grandparent/are grandparents who is/are not in loco parentis to the child/children 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).

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

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

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

WHEREFORE, Intervenor(s) requests/request 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 Intervenor(s) Pro Se

\_\_\_\_\_  
Signature of Intervenor(s) 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

vs.

\_\_\_\_\_  
DEFENDANT

: IN THE COURT OF COMMON PLEAS  
: OF THE 17<sup>TH</sup> JUDICIAL DISTRICT  
: OF PENNSYLVANIA  
: SNYDER COUNTY BRANCH  
:  
: CIVIL ACTION-CUSTODY  
:  
: NO: \_\_\_\_\_

vs.

\_\_\_\_\_,  
INTERVENOR (S)

**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:

- (1) All parties having custody rights have been given written consent to the relocation.
- OR
- (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 (1<sup>st</sup>) Kids First Program Session or Mediation Orientation session.

BY THE COURT:

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J.

Copies to:     Plaintiff (s)  
                  Defendant (s)  
                  Intervenor(s)  
                  Mediation Program Administrator

|               |   |   |
|---------------|---|---|
| _____         | : | IN THE COURT OF COMMON                    |
|               | : | PLEAS                                     |
| PLAINTIFF     | : | OF THE 17 <sup>TH</sup> JUDICIAL DISTRICT |
| vs.           | : | OF PENNSYLVANIA                           |
| _____         | : | SNYDER COUNTY BRANCH                      |
| DEFENDANT     | : |   |
| vs.           | : | CIVIL ACTION - LAW                        |
| _____         | : | CUSTODY                                   |
| INTERVENOR(S) | : | NO. _____                                 |

**PETITION FOR WAIVER OF COSTS**

1. I/We am/are the Intervenor(s) 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/We am/are unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
  
3. I/We 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 BY CHILD'S DESIGNATION, child 1, 2, 3, AGE:  
etc:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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: \_\_\_\_\_

\_\_\_\_\_  
Intervenor

\_\_\_\_\_  
Intervenor

**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): \_\_\_\_\_

|               |   |   |
|---------------|---|---|
| _____ ,       | : | IN THE COURT OF COMMON                    |
|               | : | PLEAS                                     |
| PLAINTIFF     | : | OF THE 17 <sup>TH</sup> JUDICIAL DISTRICT |
| vs.           | : | OF PENNSYLVANIA                           |
| _____ ,       | : | SNYDER COUNTY BRANCH                      |
| DEFENDANT     | : |   |
| vs.           | : | CIVIL ACTION - LAW                        |
| _____ ,       | : | CUSTODY                                   |
| INTERVENOR(S) | : | NO. _____                                 |

**ORDER**

AND NOW this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ upon review of the Petition for Waiver of Costs, which establishes that the Intervenor(s) is/are 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 Intervenor(s) be 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 counselor 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:

Date: \_\_\_\_\_, 20 \_\_\_\_ J.

|               |   |   |
|---------------|---|---|
| _____         | : | IN THE COURT OF COMMON                    |
|               | : | PLEAS                                     |
| PLAINTIFF     | : | OF THE 17 <sup>TH</sup> JUDICIAL DISTRICT |
| vs.           | : | OF PENNSYLVANIA                           |
| _____         | : | SNYDER COUNTY BRANCH                      |
| DEFENDANT     | : |   |
| vs.           | : | CIVIL ACTION - LAW                        |
| _____         | : | CUSTODY                                   |
| INTERVENOR(S) | : | NO. _____                                 |

**AFFIDAVIT OF SERVICE**

I/We, \_\_\_\_\_, Intervenor(s), certify that on the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ a true and correct copy of the Petition for Intervention, the Order of Court with Complaint for Custody, completed Criminal/Abuse Record Verification, and blank Criminal/Abuse Record Verification were mailed by certified mail, restricted delivery to the Plaintiff and Defendant, \_\_\_\_\_, at Plaintiff and Defendant's current address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plaintiff received the Complaint on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Sender's receipt and return card are attached hereto.

Defendant received the Complaint on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Sender's receipt and return card are attached hereto.

I/We verify that the foregoing is true and correct. I/We 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\_\_\_\_ \_\_\_\_\_  
Intervenor  
\_\_\_\_\_  
Intervenor

**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.**

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

**PETITION FOR INTERVENTION**

1. The Petitioner(s)/Intervenor(s) are: \_\_\_\_\_ who  
reside at: \_\_\_\_\_

The relationship of the Petitioner(s)/Intervenor(s) to the child/children is:  
\_\_\_\_\_  
\_\_\_\_\_

The Plaintiff is: \_\_\_\_\_

The Defendant is: \_\_\_\_\_

Other parties to this action are: \_\_\_\_\_  
\_\_\_\_\_

2.  There is a pending action regarding the minor child/children who is/are the  
subject of this action indexed to \_\_\_\_\_ in \_\_\_\_\_  
County, Pennsylvania.

A prior custody order exists regarding the minor child/children who is/are  
the subject of this action indexed to \_\_\_\_\_ in \_\_\_\_\_  
County,

Pennsylvania.

3. The Petitioner(s)/Intervenor(s) seek to join as parties in the custody action referenced above.

4. The child/children who is/are the subject matter of this petition and the attached complaint is/are:

**DO NOT PROVIDE CHILDREN’S NAME(S) ONLY ON CONFIDENTIAL FORMS**

**PROVIDE DESIGNATION CHILD 1, 2, 3, etc.**

\_CHILD 1 \_\_\_\_\_ AGE: \_\_\_\_\_

\_CHILD 2 \_\_\_\_\_ AGE: \_\_\_\_\_

\_CHILD 3 \_\_\_\_\_ AGE: \_\_\_\_\_

\_CHILD 4 \_\_\_\_\_ AGE: \_\_\_\_\_

5. The Petitioner(s)/Intervenor(s) allege that they have standing to intervene in this matter as set forth in the attached complaint.

WHEREFORE, your Petitioner(s)/Intervenor(s) request the Court to permit them to intervene/join as parties in this matter.

\_\_\_\_\_Petitioner(s)Signature

\_\_\_\_\_Petitioner(s) Signature

**VERIFICATION**



I/We, \_\_\_\_\_, do verify that the statements in the Petition for Intervention are true and correct. I/We understand that false statements hereby are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

\_\_\_\_\_ Petitioner(s) Signature

\_\_\_\_\_ Petitioner(s) Signature

**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): \_\_\_\_\_

|           |   |   |
|-----------|---|---|
|           | : | IN THE COURT OF COMMON                    |
| Plaintiff | : | PLEAS                                     |
|           | : | OF THE 17 <sup>TH</sup> JUDICIAL DISTRICT |
| vs.       | : | OF PENNSYLVANIA                           |
|           | : | SNYDER COUNTY BRANCH                      |
| Defendant | : | CIVIL ACTION - LAW                        |
|           | : | CUSTODY                                   |
|           | : | NO. _____                                 |

**ORDER**

**AND NOW**, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, upon review of the record and in consideration of the Petition for Intervention filed on \_\_\_\_\_, 20\_\_, a Rule is issued upon the \_\_\_\_\_ to show cause, if any he/she/they may have as to why the relief requested should not be granted.

**RULE RETURNABLE FOR ANSWER ONLY on or before**  
 \_\_\_\_\_, 20\_\_.

If an answer is filed opposing the requested relief, a hearing will be scheduled by further order of this court.

If no answer is filed, the court will grant the request of the petition.

**NOTICE**

A complaint has been filed in the Court of Common Pleas of SNYDER County concerning custody of the children herein outlined. The Court has learned you have a legal interest in custody of the child(ren) named. If you wish to assert your claim to custodial rights with respect to the child(ren) or wish to present evidence to the Court on those matters, you should file an Answer as Ordered above.

BY THE COURT:

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

cc: Plaintiff(s)  
Defendant(s)  
Intervenor(s)

## 23 Pa.C.S. § 5324

### § 5324. Standing for any form of physical custody or legal custody.

- The following individuals may file an action under this chapter for any form of physical custody or legal custody:
  - o **(1)** A parent of the child.
  - o **(2)** A person who stands in loco parentis to the child.
  - o **(3)** A grandparent of the child who is not in loco parentis to the child:
    - **(i)** whose relationship with the child began either with the consent of a parent of the child or under a court order;
    - **(ii)** who assumes or is willing to assume responsibility for the child; and
    - **(iii)** when one of the following conditions is met:
      - **(A)** the child has been determined to be a dependent child under 42 Pa.C.S. Ch. 63 (relating to juvenile matters);
      - **(B)** the child is substantially at risk due to parental abuse, neglect, drug or alcohol abuse or incapacity; or
      - **(C)** The child has for a period of at least 12 consecutive months, resided with the grandparent, excluding brief temporary absences of the child from the home, and is removed from the home by the parents, in which case the action must be filed within six months after the removal of the child from the home.

## 23 Pa.C.S. § 5325

### § 5325. Standing for partial physical custody and supervised physical custody.

- In addition to situations set forth in section 5324 (relating to standing for any form of physical custody or legal custody), grandparents and great-grandparents may file an action under this chapter for partial physical custody or supervised physical custody in the following situations:
  - o **(1)** where the parent of the child is deceased, a parent or grandparent of the deceased parent may file an action under this section;
  - o **(2)** where the parents of the child have been separated for a period of at least six months or have commenced and continued a proceeding to dissolve their marriage; or
  - o **(3)** when the child has, for a period of at least 12 consecutive months, resided with the grandparent or great-grandparent, excluding brief temporary absences of the child from the home, and is removed from the home by the parents, an action must be filed within six months after the removal of the child from the home.

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

**\*\*MUST BE COMPLETED**

- 1) By Intervenor(s); and**
- 2) Must cover the Intervenor(s) and ALL Adults  
residing in Intervenor's household; and**
- 3) SUBMITTED at the time of filing the Complaint.**
- 4) Intervenor(s) must serve attached verification sheet  
on the plaintiff & defendant along with Complaint,  
see #10 of instructions**
- 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<br>Yes or No      |                          | Crime   | Self                     | Other<br>household<br>member | Date of conviction,<br>guilty plea, no<br>contest plea or<br>pending charges | Sentence |
|--------------------------|--------------------------|---|--------------------------|------------------------------|--|----------|
| YES                      | NO                       |   |                          |                              |  |          |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Pa.C.S. Ch. 25<br>(relating to criminal homicide)  | <input type="checkbox"/> | <input type="checkbox"/>     | _____  | _____    |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Pa.C.S. §2702 (relating to<br>aggravated assault)  | <input type="checkbox"/> | <input type="checkbox"/>     | _____  | _____    |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Pa.C.S. §2706<br>(relating to terroristic threats) | <input type="checkbox"/> | <input type="checkbox"/>     | _____  | _____    |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 Pa.C.S. §2709.1<br>(relating to stalking)          | <input type="checkbox"/> | <input type="checkbox"/>     | _____  | _____    |



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



\_\_\_\_\_

\_\_\_\_\_

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



| Answer<br>Yes or         |                          | Crim  | Sel                      | Other<br>household<br>member | Date of<br>conviction,<br>guilty plea, no<br>contest plea or | 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<br>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<br>children) |                          |                          |       |       |

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

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

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

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

|                          |                          |   |                          |                          |       |       |
|--------------------------|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Manufacture, sale, delivery,<br>holding, offering for sale or<br>possession of any controlled<br>substance or other drug or<br>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                   |                          |  | Self                     | Other                    | Date  |
|--------------------------|--------------------------|--|--------------------------|--------------------------|-------|
| Yes or No                |                          |  |                          | household                |       |
| YES                      | NO                       |  |                          | member                   |       |
| <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: _____<br>Other: _____   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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

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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.

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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:

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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 PLAINTIFF &  
DEFENDANT**

**And COMPLETED AS FOLLOWS**

- 1) Intervenor (s) must serve attached verification sheet to the Defendant and Plaintiff.**
- 2) Criminal Record/Abuse History verification must be completed by Defendant/Plaintiff and cover ALL Adults residing in the household; and**
- 3) MUST be complete within 10-days of service of Complaint AND Defendant/Plaintiff 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

vs.

\_\_\_\_\_  
 DEFENDANT

IN THE COURT OF COMMON PLEAS  
 SNYDER COUNTY, PENNSYLVANIA

NO. \_\_\_\_\_

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



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



**Answer  
Yes or No**

**Crime  
household member**

**Self**

**Other**

**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)

18 Pa.C.S. §6301 (relating to corruption of minors)   \_\_\_\_\_

18 Pa.C.S. §6312 (relating to sexual abuse of children)   \_\_\_\_\_

18 Pa.C.S. §6318 (relating to unlawful contact with minor)   \_\_\_\_\_

18 Pa.C.S. §6320 (relating to sexual exploitation of children)   \_\_\_\_\_

23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)   \_\_\_\_\_

Driving under the influence of drugs or alcohol   \_\_\_\_\_

Manufacture, sale, delivery, 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

Date

household  
member

**YES NO**

A  finding  of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction   \_\_\_\_\_

A  abusive  conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction   \_\_\_\_\_

In  volvement  with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction.   \_\_\_\_\_

Where: \_\_\_\_\_

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

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

vs.

\_\_\_\_\_  
INTERVENOR (S)

**ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY**

1. I am the  Intervenor  Def/Plaintiff 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.**

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Date

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Signature (Your Signature)

**CONFIDENTIAL FORMS AND DIRECTIONS**

**ALSO AVAILABLE ON COUNTY WEBSITE**

**PRINT AND RETURN TO THE APPROPRIATE**

**COURT FILING OFFICE WITH OTHER FORMS**

**IF NOT AVAILABLE IN PACKET**