

**CONFIDENTIAL  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

**Instructions for Completing the Confidential Information Form**

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
6. Abuse victim's address and other contact information, including employer's name, address and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim's name. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.C.P. No. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.C.P. No. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof. A court may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

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**APPELLATE/TRIAL COURT  
CASE RECORDS**

*Public Access Policy of the Unified Judicial System of Pennsylvania:  
Case Records of the Appellate and Trial Courts  
204 Pa. Code § 213.81  
[www.pacourts.us/public-records](http://www.pacourts.us/public-records)*

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Docket/Case No.

Vs.

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Court

This form is associated with the pleading titled \_\_\_\_\_, dated \_\_\_\_\_.

Pursuant to the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

| This Information Pertains to:   | Confidential Information:   | References in Filing:   |
|---|---|---|
| <div>(full name of adult)</div> <div>OR</div> <div>This information pertains to a minor with the initials of _____ and the full name of _____</div> <div>(full name of minor)</div> <div>and date of birth: _____</div> | <div>Social Security Number (SSN): _____</div> <div>Financial Account Number (FAN): _____</div> <div>Driver's License Number (DLN): _____</div> <div>State of Issuance: _____</div> <div>State Identification Number (SID): _____</div> | <div>Alternative Reference: SSN 1</div> <div>Alternative Reference: FAN 1</div> <div>Alternative Reference: DLN 1</div> <div>Alternative Reference: SID 1</div> |
| <div>(full name of adult)</div> <div>OR</div> <div>This information pertains to a minor with the initials of _____ and the full name of _____</div> <div>(full name of minor)</div> <div>and date of birth: _____</div> | <div>Social Security Number (SSN): _____</div> <div>Financial Account Number (FAN): _____</div> <div>Driver's License Number (DLN): _____</div> <div>State of Issuance: _____</div> <div>State Identification Number (SID): _____</div> | <div>Alternative Reference: SSN 2</div> <div>Alternative Reference: FAN 2</div> <div>Alternative Reference: DLN 2</div> <div>Alternative Reference: SID 2</div> |

**CONFIDENTIAL  
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**APPELLATE/TRIAL COURT  
CASE RECORDS**

Additional page(s) attached. \_\_\_\_\_ total pages are attached to this filing.

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.

\_\_\_\_\_  
Signature of Attorney or Unrepresented Party

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Attorney Number: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.**

**CONFIDENTIAL  
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**APPELLATE/TRIAL COURT  
CASE RECORDS**

Additional page (if necessary)

| <b>This Information Pertains to:</b>  | <b>Confidential Information:</b>  | <b>References in Filing:</b>  |
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| <div>(full name of adult)</div> <div>OR</div> <div>This information pertains to a minor with the initials of _____ and the full name of _____</div> <div>(full name of minor)</div> <div>and date of birth: _____</div> | <div>Social Security Number (SSN): _____</div> <div>Financial Account Number (FAN): _____</div> <div>Driver's License Number (DLN): _____</div> <div>State of Issuance: _____</div> <div>State Identification Number (SID): _____</div> | <div>Alternative Reference: SSN _____</div> <div>Alternative Reference: FAN _____</div> <div>Alternative Reference: DLN _____</div> <div>Alternative Reference: SID _____</div> |
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\_\_\_\_\_  
Plaintiff  
vs.  
\_\_\_\_\_  
Defendant

: IN THE COURT OF COMMON PLEAS OF  
: SNYDER COUNTY, PENNSYLVANIA  
:  
: CIVIL ACTION--LAW  
:  
: NO \_\_\_\_\_

**ORDER AND NOTICE**

You, \_\_\_\_\_, Plaintiff, have been sued in Court to modify  
custody or visitation of the child(ren): \_\_\_\_\_

A Petition has been filed requesting that Snyder County, Pennsylvania change jurisdiction over  
this matter.

You are ordered to appear in person at the Snyder County Courthouse, Middleburg  
Pennsylvania, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ A.M/P.M.  
for a hearing before the Court.

If you fail to appear, an Order for custody, partial custody or visitation may be entered  
against you or the court may issue a warrant for your arrest.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAYER OR CANNOT  
AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET  
LEGAL HELP.**

Office of the Court Administrator of Snyder County  
9 West Market St  
Middleburg, PA 17842  
(570)837-4344

North Penn Legal Services  
(570)286-5687

BY THE COURT,

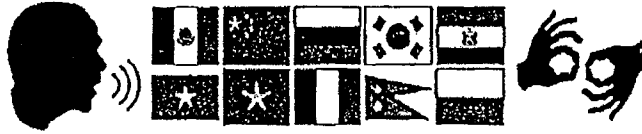
Date: \_\_\_\_\_

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

AMERICANS WITH DISABILITIES  
ACT OF 1990

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 the Court Administrator's office, telephone number (570)837-4344. All arrangements must be made at least 72 hours prior to any hearing or business before the court.

## Notice of Language Rights



Language Access Coordinator  
Kelly Hecker

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/普通话/廣東話繁體中文:** 您有權要求免費傳譯服務。如欲要求傳譯服務，請參閱本通知頂部的聯絡資料，通知法庭職員。

**العربية/Arabic:** بحق 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 알려십시오.

**Polish/Polski:** Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

**Pakistan/پنجابی/Punjabi:** تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میربانی کر کے ایس نوٹس دے اوئے 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 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 machuumaadka 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 pèsonèl tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan lèt 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  
vs.  
\_\_\_\_\_  
Defendant

: IN THE COURT OF COMMON PLEAS OF  
: SNYDER COUNTY, PENNSYLVANIA  
:  
: CIVIL ACTION--LAW  
:  
: NO \_\_\_\_\_

**PETITION TO ~~CHANGE~~ JURISDICTION**

1. The Plaintiff is \_\_\_\_\_, residing at \_\_\_\_\_

2. The Defendant is \_\_\_\_\_, residing at \_\_\_\_\_

3. Plaintiff is the ☐ Mother ☐ Father and Defendant is the ☐ Mother ☐ Father

☐ Grandparent of:

| <u>DESIGNATION</u> | <u>PRESENT RESIDENCE</u> | <u>AGE:</u> |
|--------------------|--------------------------|-------------|
| <u>CHILD #1</u>    | _____                    | _____       |
| <u>CHILD ( )</u>   | _____                    | _____       |
| <u>CHILD ( )</u>   | _____                    | _____       |

4. An Order regarding these children was entered on \_\_\_\_\_  
by the Court of \_\_\_\_\_. (Copy attached as Exhibit A.)

5. The children are presently living with ☐ Plaintiff ☐ Defendant in \_\_\_\_\_ County, and  
have resided here since \_\_\_\_\_.

Other ties to \_\_\_\_\_ County: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, Petitioner requests the court to change jurisdiction over this matter so that he/she may Petition the Court for primary or partial custody of the child(ren):

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
pro se

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

\_\_\_\_\_  
Signature (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): \_\_\_\_\_