

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

**These forms should only be used if you believe someone has violated an existing Order. These forms cannot be used to change the current custody Order. If you wish to modify your current custody Order you should obtain the forms for a Custody Modification.**

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

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

**Revised 1-2018**

## **1. WHAT THIS PACKET CONTAINS**

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

The **instructions** include headings entitled:

1. What this Packet Contains;
2. Introduction to Instructions for Pro Se Custody Actions;
3. General Guidelines for child custody and Visitation;
4. How to fill out the form of Petition for Contempt;
5. How to fill out the Notice and Order;
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 Criminal/Abuse Record Verification Form;
9. How to fill out Entry of Appearance;
10. How to file the Petition;
11. How to serve the Petition, Notice and Order and Criminal Abuse Record Verification Forms;
12. How to fill out the Affidavit of Service;

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

- |         |   |
|---------|---|
| Form 1: | Petition for Contempt;  |
| Form 2: | Notice and Order; including <b>Language Access Notice</b>   |
| Form 3: | Petition for Waiver of Costs;   |
| Form 4: | Order Granting Waiver of Costs;   |
| Form 5: | Affidavit of Service.   |
| Form 6: | Criminal Record/Abuse history verification  |
| Form 7: | Entry of Appearance Form for Self-Represented Party   |
| Form 8: | <b>Confidential Information Form and Directions</b> ; 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**

6/22/2016

## **2. INTRODUCTION TO INSTRUCTIONS FOR PRO-SE CUSTODY ACTIONS**

This packet will help you get court intervention when you believe someone is violating a current custody Order on your own. "Pro se" is a legal term that means you are doing it on your own, without an attorney. Your first proceeding with the Court will most likely be a conference before the Custody Hearing Officer at which time the parties will attempt to resolve their issues.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. The court order or agreement generally provides a schedule which must be followed unless the parties agree to change it.
2. Use the court order or agreement as the basic blueprint and adapt it to fit your changing needs.
3. However, if you cannot agree to changes with the other parent, then you both must obey the schedule set out in the court order or agreement.
4. If there are disputes or disagreements about the meaning of the order or agreement or if there are substantial changes in your or the other parent's living situation, contact your lawyer or the court. Do not simply disobey the order or agreement.
5. Neither parent generally has the right to be in the other's house without express permission.
6. Neither parent should use illegal drugs or drink an excessive amount of alcohol at any time, but especially not before or during periods of custody or visitation.
7. Transportation of the child by car by either parent (or anyone else) should be in a car which is in good running condition, currently inspected, registered, and insured, and driven in a safe manner by a responsible driver with a current valid license. A car seat for infants must be used. If only one parent has a car seat, it should be loaned to the other parent for use when the child is in that parent's custody.
8. The child should be ready to be picked up on time. The parent doing the transporting should be on time.
9. A parent should not expect to receive unscheduled or late night visits or to make changes in the schedule without adequate advance notice to the other parent. Call first or arrange it ahead of time.

10. The best time to agree on unscheduled visits or changes is at the end of the previous visit.
11. Both parents should recognize that illness, work schedules, car problems, and special opportunities may require changes, but that changes must not be proposed simply to prevent or make difficult the other parent's right to visit.
12. Both parents should be reasonable and flexible in making or responding to requests for changes.
13. Neither parent should threaten, harass, assault, or provoke the other parent.
14. Neither parent should curse at or run down the other parent, especially not in the child's presence.
15. Both parents should remember that it is generally in the child's best interests to know, love, and respect both parents.
16. Children should not be used as messengers or intermediaries between parents. Parents should communicate directly with each other about custody matters.

#### **4. HOW TO FILL OUT THE FORM ~PETITION FOR CONTEMPT**

**Introduction.** The Petition for Contempt is the document that identifies the parties and children. It gives the court basic facts about the situation.

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

**Please note:** DO NOT PROVIDE MINOR CHILDREN'S NAMES OR DATES OF BIRTHS anywhere in paperwork EXCEPT for the CONFIDENTIAL INFORMATION FORM.

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

**Paragraph by paragraph instructions.**

**Caption.** Above the words "Petition for Contempt" is the part of the form known as the caption. Fill in the names of the parties "plaintiff" and "defendant." You should fill in the caption and case number exactly as is appears on your most recent Custody order.

**1-3.** Fill in the blank regarding who is filing the Petition.

Next, fill in the date of your most recent custody Order and the Judge who entered it.

You must attach a copy of the custody Order you are seeking to enforce.

Next, fill in the alleged violations. You must be specific about dates and times of violations. You must also specify what section of the Order has been violated.

**DO NOT INCLUDE MINOR CHILDREN'S NAME(S) OR DATES OF BIRTH.**

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

**CERTIFICATION of Compliance** Statement/Form: Sign and date. You doing so means you have complied with the court's rules regarding confidential information.

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

**5. HOW TO FILL OUT THE NOTICE AND ORDER**

After you complete the petition, you should fill in the form entitled "NOTICE AND ORDER". This form is the Order that will initiate your mediation orientation session.- REMOVE

You should fill in the caption and case number exactly as is appears on your most recent Custody order. 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 Petition so that the form of Order is the top, covering page, and put them aside.

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

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

Once you have made copies, staple one form of order on top of one form of Petition 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 Petition for Contempt, there may be filing fees which must be paid to the Prothonotary. Those fees change from time to time. You can check with the Prothonotary to find out how much it usually costs to file.

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

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

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

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

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

### **FILLING OUT THE FORM**

**Caption.** You should fill in the caption and case number exactly as is appears on your most recent Custody order.

**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.  
AGAIN **DO NOT INCLUDE MINOR CHILDREN'S NAME(S) OR DATES OF BIRTH.**

**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** You should fill in the caption and case number exactly as is appears on your most recent Custody order.

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 Petition for Custody and scheduling Order of Court, you should do so at this time. Refer to heading number 4.

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

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

**Caption.** You should fill in the caption and case number exactly as is appears on your most recent Custody order.

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

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

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

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

**Caption.** You should fill in the caption and case number exactly as is appears on your most recent Custody order.

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 PETITION FOR CONTEMPT AND PETITION FOR WAIVER**

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 Petition for Contempt of Custody covered by Order form; the second group contains the completed form of Petition for Waiver of Costs covered by the completed form of Order for Waiver of Costs. The first group contains an original and at least two (2) copies; the second group contains an original and one (1) copy.

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

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

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

**11. HOW TO SERVE THE PETITION FOR CONTEMPT AND NOTICE AND ORDER, COMPLETED CRIMINAL/ABUSE RECORD VERIFICATION FORM AND BLANK CRIMINAL/ABUSE RECORD VERIFICATION FORM.**

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

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

The addressee must be the Respondent. 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 Petition is filed in the Prothonotary's Office. However, you should mail the papers as soon as possible. The respondent must receive them at least ten (10) days before the conference.

Service is complete once the Respondent has received the papers.

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

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

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

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

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

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

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

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

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

**CONFIDENTIAL FORM AND DIRECTIONS**

**ALSO AVAILABLE ON COUNTY WEBSITE**

**PRINT AND RETURN TO THE APPROPRIATE**

**COURT FILING OFFICE WITH OTHER FORMS IF NOT**

**AVAILABLE IN THIS PACKET**

**CONFIDENTIAL  
INFORMATION  
FORM**



**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:
_____ (full name of adult)	Social Security Number (SSN): _____	Alternative Reference: SSN 1
OR	Financial Account Number (FAN): _____	Alternative Reference: FAN 1
This information pertains to a minor with the initials of _____ and the full name of _____	Driver's License Number (DLN): _____	Alternative Reference: DLN 1
_____ (full name of minor)	State of Issuance: _____	
and date of birth: _____	State Identification Number (SID): _____	Alternative Reference: SID 1
_____ (full name of adult)	Social Security Number (SSN): _____	Alternative Reference: SSN 2
OR	Financial Account Number (FAN): _____	Alternative Reference: FAN 2
This information pertains to a minor with the initials of _____ and the full name of _____	Driver's License Number (DLN): _____	Alternative Reference: DLN 2
_____ (full name of minor)	State of Issuance: _____	
and date of birth: _____	State Identification Number (SID): _____	Alternative Reference: SID 2

**CONFIDENTIAL  
INFORMATION  
FORM**



**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  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

Additional page (if necessary)

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

**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.

_____	:	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: _____
	:	
	:	

### NOTICE AND ORDER TO APPEAR

Legal proceedings have been brought against you alleging that you have willfully disobeyed an Order of Court for custody.

If you wish to defend against the claim set forth in the following pages, you may but are not required to file in writing with the Court your defenses or objections.

Whether or not you file in writing with the court your defenses or objections, you must appear in person in court on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_M., in \_\_\_\_\_ of the SNYDER County Courthouse, Middleburg, Pennsylvania.

**IF YOU DO NOT APPEAR IN PERSON, THE COURT MAY ISSUE A WARRANT FOR YOUR ARREST.**

If the Court finds that you have willfully failed to comply with its Order, you may be found to be in contempt of court and committed to jail, fine and, or both.

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

Office of the Court Administrator  
SNYDER County Courthouse  
9 W. 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.

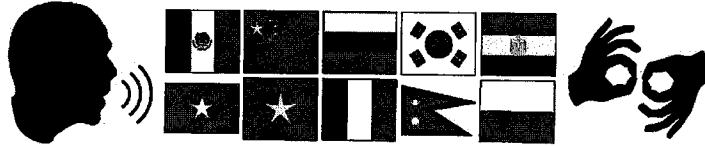
BY THE COURT:

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/粵語簡體中文:** 您有权获得免费的口译员服务。若需要口译员, 请使用本通知上方提供的联系信息通知法院工作人员。

**Mandarin/Cantonese Traditional Chinese/普通话/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。

**/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.

**/Punjabi/ਪੰਜਾਬੀ/Pakistan/:** تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق ہے۔ مترجم دی درخواست کرن لئی، میرباتی کر کے ایس نوٹس دے اوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتندیاں 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 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
	:	OF PENNSYLVANIA
vs.	:	SNYDER COUNTY BRANCH
	:	
_____	:	CIVIL ACTION-CUSTODY
DEFENDANT	:	
	:	NO: _____

**PETITION FOR CONTEMPT OF A CUSTODY ORDER**

The Petition of \_\_\_\_\_ respectfully represents:

1. That on \_\_\_\_\_, Judge \_\_\_\_\_ entered an Order awarding (Petitioner)(Respondent) (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the minor children: (SEE CONFIDENTIAL INFORMATION FORM)\_\_\_\_\_.

2. The	Plaintiff	is
_____		
Whose	address	is:
_____		
The	Defendant	is
_____		
Whose	address	is:
_____		

A true and correct copy of the Order is attached to this Petition.

3. Respondent has willfully failed to abide by the Order in that:

(refer to minor children by designation Child 1, Child 2, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

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

WHEREFORE, Petitioner requests that Respondent be held in Contempt of Court.

I verify that the statements made in this Petition 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 Petitioner) 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): \_\_\_\_\_

**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 OF SNYDER COUNTY, PENNSYLVANIA

PLAINTIFF

vs.

NO.

DEFENDANT

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

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

OR (check only one box)

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

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

OR (check only one box)

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

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

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

**I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18**

**Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.**

---

Date

---

Signature

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

**\*\*MUST BE COMPLETED**

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

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

\_\_\_\_\_  
PLAINTIFF

IN THE COURT OF COMMON PLEAS  
SNYDER COUNTY, PENNSYLVANIA

vs.

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

\_\_\_\_\_  
DEFENDANT

**CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

I, \_\_\_\_\_, hereby swear or affirm, subject

PRINT NAME

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

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

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

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

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

Answer Yes or No		Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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

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

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

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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

_____	:	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: _____

**ORDER**

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

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

BY THE COURT:

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

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

### PETITION FOR WAIVER OF COSTS

1. I am the Petitioner in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending the action or proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

(a)    NAME:  
ADDRESS:

(b)    EMPLOYMENT  
 If you are presently employed, state:  
 EMPLOYER:  
 ADDRESS:  
 SALARY OR WAGES PER MONTH:  
 TYPE OF WORK:

If you are presently unemployed state:  
 DATE OF LAST EMPLOYMENT:  
 SALARY OR WAGES PER MONTH:

TYPE OF WORK:

(c) OTHER INCOME WITHIN THE PAST TWELVE MONTHS

BUSINESS OR PROFESSIONAL:

OTHER SELF-EMPLOYMENT:

INTEREST:

DIVIDENDS:

PENSION OR ANNUITIES:

SOCIAL SECURITY BENEFITS:

SUPPORT PAYMENTS:

DISABILITY PAYMENTS:

UNEMPLOYMENT COMPENSATION:

WORKER'S COMPENSATION:

PUBLIC ASSISTANCE:

OTHER:

(d) OTHER CONTRIBUTORS TO HOUSEHOLD SUPPORT

Name of person contributing:

Relationship to you:

If your spouse contributes and is employed, state:

EMPLOYER:

SALARY OR WAGES PER MONTH:

TYPE OF WORK:

OTHER CONTRIBUTORS:

(e) PROPERTY OWNED

CASH:

CHECKING ACCOUNT:

SAVINGS ACCOUNT:

CERTIFICATES OF DEPOSIT:

REAL ESTATE (INCLUDING HOME) :

MOTOR VEHICLE: MAKE: YEAR:  
COST: AMOUNT OWED:  
STOCKS, BONDS:  
OTHER:

(f) DEBTS AND OBLIGATIONS PER MONTH

MORTGAGE/RENT:  
UTILITIES: ELECTRIC: WATER/SEWER:  
OIL/GAS/COAL: PHONE:  
CABLE:  
LOANS:  
CREDIT CARDS:  
FOOD: NON-FOOD:  
CHILD SUPPORT:  
CHILD CARE:  
TRANSPORTATION COSTS:  
MEDICAL BILLS:  
BACK TAXES:  
MISCELLANEOUS HOUSEHOLD EXPENSES

(g) PERSONS DEPENDENT UPON YOU FOR SUPPORT

CHILDREN, IF ANY:

**IDENTIFY BY CHILD'S DESIGNATION**

AGE:

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

CHILD #1	_____	_____
( )	_____	_____
( )	_____	_____
( )	_____	_____

OTHER PERSONS:

NAME:

RELATIONSHIP:

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

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

Date: \_\_\_\_\_, 20 \_\_\_\_\_

(Signature of Petitioner) 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): \_\_\_\_\_