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

COMPLAINT

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

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

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

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 Custody Complaint;
5. How to fill out the Order for the Mediation Orientation Session;
6. How to fill out the Petition for Waiver of Costs;
7. How to fill out the Order Granting Waiver of Costs;
8. How to fill out the Criminal/Abuse Record;
9. How to fill out the Entry of Appearance;
10. How to file the Complaint and Petition;
11. How to serve the Complaint and Order for the mediation orientation session;
12. How to fill out and file the Affidavit of Service;
13. Mediation Orientation Session.

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

Form 1: Complaint for custody;

Form 2: Order for mediation orientation session; including Language Access Notice

Form 3: Petition for Waiver of Costs;

Form 4: Order Granting Waiver of Costs;

Form 5: Affidavit of Service.

Form 6: Criminal Record/Abuse history verifications

Form 7: Entry of Appearance Form for Self-Represented Party

Form 8: Confidential Information Form and Directions, available online if not provided in packet

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

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

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

2. INTRODUCTION TO INSTRUCTIONS FOR PRO-SE CUSTODY ACTIONS

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

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

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

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

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

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

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

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

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

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

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

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

3. GENERAL GUIDELINES FOR CHILD CUSTODY AND VISITATION

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

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

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

2. Use the court order or agreement as the basic blueprint and adapt it to fit your changing needs.

3. However, if you cannot agree to changes with the other parent, then you both must obey the schedule set out in the court order or agreement.

4. If there are disputes or disagreements about the meaning of the order or agreement or if there are substantial changes in your or the other parent's living situation, contact your lawyer or the court. Do not simply disobey the order or agreement.

5. Neither parent generally has the right to be in the other's house without express permission.

6. Neither parent should use illegal drugs or drink an excessive amount of alcohol at any time, but especially not before or during periods of custody or visitation.

7. Transportation of the child by car by either parent (or anyone else) should be in a car which is in good running condition, currently inspected, registered, and insured, and driven in a safe manner by a responsible driver with a current valid license. A car seat for infants must be used. If only one parent has a car seat, it should be loaned to the other parent for use when the child is in that parent's custody.

8. The child should be ready to be picked up on time. The parent doing the transporting should be on time.

9. A parent should not expect to receive unscheduled or late night visits or to make changes in the schedule without adequate advance notice to the other parent. Call first or arrange it ahead of time.

10. The best time to agree on unscheduled visits or changes is at the end of the previous visit.

11. Both parents should recognize that illness, work schedules, car problems, and special opportunities may require changes, but that changes must not be proposed simply to prevent or make difficult the other parent's right to visit.

12. Both parents should be reasonable and flexible in making or responding to requests for changes.

13. Neither parent should threaten, harass, assault, or provoke the other parent.

14. Neither parent should curse at or run down the other parent, especially not in the child's presence.

15. Both parents should remember that it is generally in the child's best interests to know, love, and respect both parents.

16. Children should not be used as messengers or intermediaries between parents. Parents should communicate directly with each other about custody matters.

4. HOW TO FILL OUT THE FORM OF CUSTODY COMPLAINT

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

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

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

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

b. The Complaint is in the form required by the courts. Some questions and facts are repeated. Answer every question.

c. On some questions, you are given two possible answers in parentheses [()]. Choose, circle and/or fill in the correct answer; cross out the one that is wrong.

d. Give complete addresses and exact dates. If you aren't sure, give your best guess as to the month and at least the city and county of the address, even if you don't know the street and box number.

e. If you do not know the answer, mark "unknown".

Paragraph by paragraph instructions.

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

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

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

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

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

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

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

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

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

4. Fill in the blanks.

5. Fill in the blanks.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FILLING OUT THE FORM

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

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

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

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

7. FILLING OUT THE ORDER FOR WAIVER OF COSTS

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

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

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

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

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

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

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

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

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

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

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

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

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

10. HOW TO FILE THE COMPLAINT AND PETITION

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

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

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

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

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

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

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

The addressee **must** be the Defendant. The Post Office can help you send certified mail.
When you mail certified mail, you will receive a "Sender's Receipt". Keep this. You will need this as proof of service.

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

Service is complete once the Defendant has received the papers.

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

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

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

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

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

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

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

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

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

13. MEDIATION ORIENTATION SESSION

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

PRINT CONFIDENTIAL FORM AND DIRECTIONS

ALSO AVAILABLE ON COUNTY WEBSITE

AND RETURN TO THE APPROPRIATE

COURT FILING OFFICE WITH OTHER FORMS.

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.

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

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

THIS FORM IS CONFIDENTIAL

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.**

THIS FORM IS CONFIDENTIAL

CONFIDENTIAL INFORMATION FORM

APPELLATE/TRIAL COURT CASE RECORDS

Additional page (if necessary)

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

THIS FORM IS CONFIDENTIAL

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

MEDIATION ORIENTATION SESSION ORDER/KIDS FIRST PROGRAM ORDER

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

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

CRIMINAL/ABUSE HISTORY VERIFICATION FORM

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

RELOCATION NOTICE

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

(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 (1st) Kids First Program Session or Mediation Orientation session.

BY THE COURT:

_____

J.

Copies to: Plaintiff
Defendant
Mediation Program Administrator

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

ORDER OF COURT

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

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

_____ a custody conference before the Custody Hearing Officer.

_____ a pretrial conference.

_____ a hearing before the court.

OR

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

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

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

No party may make a chance in the residence of any child which significantly impair 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 ABOURT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED OR NO FEE

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

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

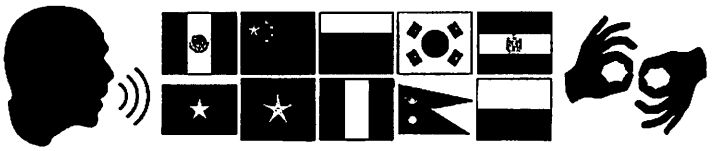
BY THE COURT:

Date:_____, 20___ _____
J.

AMERICANS WITH DISABILITIES

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

Notice of Language Rights



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

English: You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information provided at the top of this notice.
Spanish/Español: Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.
Mandarin/Cantonese Simplified Chinese/普通话/粤语简体中文: 您有权获得免费的口译员服务。若需要口译员，请使用本通知上方提供的联系信息通知法院工作人员。

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

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

Punjabi/ ਪੰਜਾਬੀ /India: ਤੁਹਾਨੂੰ ਇਕ ਦੁਭਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਭਾਸ਼ੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਦਿੱਤੀ ਸੰਪਰਕ ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ। Portuguese/Português: Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso. Somali/Somaali: Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan. Haitian Creole/Kreyòl Ayisyen: Ou gen dwa 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 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 OF SNYDER COUNTY, PENNSYLVANIA

_____, PLAINTIFF	:	No. _____
vs.	:	
_____, DEFENDANT	:	IN CUSTODY

COMPLAINT FOR CUSTODY

1. The plaintiff is _____, residing at _____.
(Street) (City) (Zip Code) (County)

2. The defendant is _____, residing at _____.
(Street) (City) (Zip Code) (County)

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

Name	Present Residence	Age
CHILD (1)		
CHILD ( )		
CHILD ( )	[Do Not Include Minor Children's Names]	

The child ____ was ____ was not born out of wedlock.

The child is presently in the custody of _____, (Name) who resides at _____.
(Street) (City) (State)

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

(List All Persons)	(List All Addresses)	(Dates)
_____	_____	_____
_____	_____	_____
_____	_____	_____

A parent of the child is _____, currently residing at _____.

This parent is ____ married ____ divorced ___ single.

A parent of the child is _____, currently residing at _____.

This parent is ____ married ____ divorced ___ single.

4. Plaintiff's relationship to the child is that of _____.

Plaintiff currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____

5. Defendant's relationship to the child is that of _____.

Defendant currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____

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

_____

_____

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

_____

_____

Plaintiff ____ knows ____ does not know of a person not a party to the proceedings who has physical custody of the child or claims to have custodial rights with respect to the child. The name and address of such person is:_____

_____

7. The child's best interest and permanent welfare will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the child's best interest and permanent welfare): _____

_____

_____

_____

_____

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

Name	Address	Basis of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. (a) If the plaintiff is seeking physical or legal custody of a child and is *in loco parentis* to the child, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. § 5324(2).

_____

_____

_____

(b) If the plaintiff is a grandparent seeking physical or legal custody of a grandchild and is not *in loco parentis* to the child, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. § 5324(3).

_____

_____

_____

(c) If the plaintiff is seeking physical or legal custody of a child and is not *in loco parentis* to the child, the plaintiff shall plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(4) and (5).

_____

_____

_____

(d) If the plaintiff is a grandparent or great-grandparent seeking partial physical custody or supervised physical custody of a grandchild or great-grandchild, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. § 5325.

_____

_____

_____

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

Wherefore, Plaintiff requests the court to grant ____ shared legal custody ____ sole legal custody ____ partial physical custody ____ primary physical custody ____ shared physical custody ____ sole physical custody ____ supervised physical custody of the child.

_____

Plaintiff/Attorney for Plaintiff

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.

_____

Plaintiff

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 MIDRIFFS, 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
Plaintiff	:	COMMON PLEAS OF THE
	:	17TH JUDICIAL DISTRICT
	:	OF PENNSYLVANIA
vs.	:	SNYDER COUNTY BRANCH
	:	
_____,	:	CIVIL ACTION - LAW
Defendant	:	CV- _____

ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY

PURSUANT TO Pa.R.C.P. No. 1930.8

I, _____ ( ) Plaintiff or ( ) Defendant, represent myself in the within action.

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

_____ Remove _____, Esq., as my attorney of record.

_____ Withdraw my appearance for the filing party.

_____ Esq. (Print name) ID#_____

_____Signature Date: _____

I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

All pleadings and legal papers can be served on me at the address listed below:

_____
Print Name

_____ _____
Signature Telephone Number

_____ _____
Address Fax

_____ _____
City, State, Zip Code Date

THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS, INCLDUING ATTORNEY REMOVED FROM THE CASE.

_____,	:	IN THE COURT OF COMMON PLEAS
Plaintiff	:	OF THE 17TH JUDICIAL DISTRICT
	:	OF PENNSYLVANIA
vs.	:	SNYDER COUNTY BRANCH
	:	
_____,	:	CIVIL ACTION – CUSTODY
Defendant	:	NO: _____

☐ CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

☐ REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY COURT

(Court may use the first page of the parties' criminal record/abuse history verification or may complete a new form.)

1. **Participants.** Please list ALL members in your/the participant's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Child(ren)

_____ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

End of Page 1

Please list ALL members in the opposing party's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Child(ren)

_____ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

SUBJECT CHILD(REN) – Attach additional sheets if necessary:

Name	Date of Birth

2. **Criminal Offenses.** As to the following listed Pennsylvania crimes or offenses, or another jurisdiction's substantially equivalent crimes or offenses, check the box next to any applicable crime or offense in which you or a household member:

- has pleaded guilty or no contest;
- has been convicted;
- has charges pending; or
- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301 - 6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or a court has entered an order for limited access, *e.g.*, Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
☐	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2701 (relating to simple assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2702 (relating to aggravated assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2705 (relating to recklessly endangering another person)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2706 (relating to terroristic threats)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2709.1 (relating to stalking)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2718 (relating to strangulation)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2901 (relating to kidnapping)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2902 (relating to unlawful restraint)	☐	☐	_____	_____

☐	18 Pa.C.S. § 2903 (relating to false imprisonment)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2904 (relating to interference with custody of children)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2910 (relating to luring a child into a motor vehicle or structure)	☐	☐	_____	_____
☐	18 Pa.C.S. Ch. 30 (relating to human trafficking)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3121 (relating to rape)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3124.1 (relating to sexual assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3126 (relating to indecent assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3127 (relating to indecent exposure)	☐	☐	_____	_____

☐	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3301 (relating to arson and related offenses)	☐	☐	_____	_____
☐	18 Pa.C.S. § 4302 (relating to incest)	☐	☐	_____	_____
☐	18 Pa.C.S. § 4303 (relating to concealing death of child)	☐	☐	_____	_____
☐	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	☐	☐	_____	_____
☐	18 Pa.C.S. § 4305 (relating to dealing in infant children)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5533 (relating to cruelty to animal)	☐	☐	_____	
☐	18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)	☐	☐	_____	
☐	18 Pa.C.S. § 5543 (relating to animal fighting)	☐	☐	_____	
☐	18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)	☐	☐	_____	

☐	18 Pa.C.S. § 5902(b) or (b.1) (relating to prostitution and related offenses)	☐	☐	_____	_____
☐	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)	☐	☐	_____	_____
☐	Finding of contempt of a Protection from Abuse order or agreement under 23 Pa.C.S. § 6114	☐	☐	_____	_____
☐	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14	☐	☐	_____	_____
☐	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	☐	☐	_____	_____

3. **Abuse or Agency Involvement.** Check the box next to any statement that applies to you, a household member, or your child.

Check all that apply		Self	Household member	Child
☐	Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction. What jurisdiction?:_____	☐	☐	☐
☐	A determination or finding of abuse (*i.e.*, indicated or founded report) by a children and youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction. What jurisdiction?:_____	☐	☐	☐
☐	An adjudication of dependency involving this child or any other child under Pennsylvania's Juvenile Act, or a similar law in another jurisdiction. What jurisdiction?:_____ Is the case active?: _____	☐	☐	☐
☐	A history of perpetrating "abuse" as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.	☐	☐	☐
☐	A history of perpetrating "sexual violence" or "intimidation" as those terms are defined in 42 Pa.C.S. § 62A03 (relating to protection of victims of sexual violence and intimidation).	☐	☐	☐
☐	Other: _____	☐	☐	☐

4. If you checked a box in (2) or (3), list any evaluation, counseling, or other treatment received as a result:

5. If you checked a box in (2) or (3) that applies to your household member, who is not a party, state that person's name, date of birth, and relationship to the child.

6. If you are aware that the other party or the other party's household member has a criminal record or abuse history, please explain:

ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.

I verify that the information above is true and correct to the best of my knowledge, information, or 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.

_____
Date

_____
Plaintiff/Defendant Signature

_____
Printed Name

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

_____
Signature of Filer

_____
Printed Name

IN THE COURT OF COMMON PLEAS OF SNYDER COUNTY, PENNSYLVANIA

_____, Plaintiff(s)	:	
v.	:	No. _____
_____, Defendant(s)	:	

ORDER

AND NOW, _____, 20_____, upon review and consideration of the foregoing Application to Waive Fees and Costs, the Application is:

☐ GRANTED- and the initial filing fee and such other fees and costs associated with the legal action are waived.

☐ DENIED

BY THE COURTS,

_____

10/30/26

J.

Rev. 11/1/26

IN THE COURT OF COMMON PLEAS OF SNYDER COUNTY, PENNSYLVANIA

_____, Plaintiff(s)	:	
v.	:	No. _____
_____, Defendant(s)	:	

APPLICATION TO WAIVE FEES AND COSTS

Party Name: _____
First *Middle* *Last*

Residence: _____

City: _____ State: _____ Zip: _____

☐ Check the box if you are currently without a house or apartment.

Do you currently receive one or more of the following public benefits?

- Supplemental Nutrition Assistance Program (SNAP) (food stamps)
- Medicaid
- Supplemental Security Income (SSI)
  (*not* Social Security Disability Insurance (SSDI))
- Temporary Assistance to Needy Families (TANF)
- Public Housing or Section 8 Housing
- Needs-based VA Pension
- Low-Income Energy Assistance
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Other need-based federal, state, or local program:

(*name of program*)_____.

☐ Yes ☐ No

If you answered "Yes," skip the remainder of the form and sign/date the VERIFICATION at the bottom of page 3.

I am providing the following information about people who live with me:

I support _____ adult children, who are incapable of self-support due to a physical or mental disability.

I support _____ children under 18.

GROSS MONTHLY INCOME (income before paying taxes and other deductions):

$_____ monthly gross wages:
I work as a (*job title/description*)_____.

for (*name of employer*)_____.

$_____ unemployment compensation:
I have been unemployed since (date): _____.

My last employer was: _____.

$_____ money received from other people.

$_____ ☐ Retirement/Pension ☐ Disability ☐ Workers Comp
☐ Social Security ☐ Child/Spousal support ☐ Other sources:
(*describe*)_____

_____.

$_____ Total monthly gross income

ASSETS (Current Value):

$_____ Cash

$_____ Bank accounts or other financial assets

$_____ Primary vehicle

$_____ Other vehicles

$_____ House

$_____ Other real estate

$_____ Other property: (*describe*)_____

_____.

$_____ Total value of property

MONTHLY EXPENSES YOU PAY:

$_____ Rent/mortgage payment

$_____ Food and household supplies

$_____ Utilities, including cell phone

$_____ Clothing and other personal expenses

$_____ Medical and dental expenses/insurance

$_____ Child care

$_____ Transportation, including car payments and repairs

$_____ Child and spousal support or alimony

$_____ Other expenses: (*describe*)_____

_____.

$_____ Total monthly expenses

Are there other facts that you would like the court to know about your circumstances that may help the court decide whether to grant your application, such as you are experiencing homelessness or you have health issues?

_____

_____

☐ *continued on separate sheet*

VERIFICATION

I understand that I have a continuing obligation to inform the court of an improvement in my financial circumstances that would permit me to pay the fees and costs in this case. If I fail to inform the court of any changes in my circumstances, I understand that the court may rescind the waiver of fees and costs and order me to pay those fees and costs.

I verify that the statements made in this application 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 *Party's Signature*