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 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 verification

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

Form 8: Confidential Information Form and Directions; available online if not attached to this packet

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

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

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

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-RERESENTED 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

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): _____	Alternative Reference: SSN 1
	Financial Account Number (FAN): _____	Alternative Reference: FAN 1
	Driver's License Number (DLN): _____	Alternative Reference: DLN 1
	State of Issuance: _____	
	State Identification Number (SID): _____	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): _____	Alternative Reference: SSN 2
	Financial Account Number (FAN): _____	Alternative Reference: FAN 2
	Driver's License Number (DLN): _____	Alternative Reference: DLN 2
	State of Issuance: _____	
	State Identification Number (SID): _____	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: _____
	:	
	:	

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.

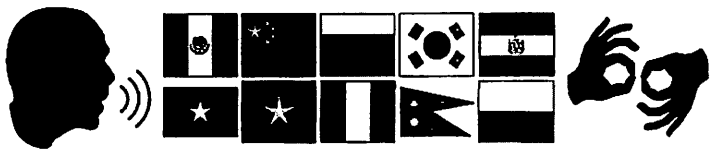
BY THE COURT:

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/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 اطلاع دوو۔
Punjabi/ ਪੰਜਾਬੀ /India: ਤੁਹਾਨੂੰ ਇਕ ਦੁਭਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਭਾਸ਼ੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਦਿੱਤੀ ਸੰਪਰਕ ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

Portuguese/Português: Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.
Somali/Somaali: Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.
Haitian Creole/Kreyòl Ayisyen: Ou gen dwa 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.

_____, PLAINTIFF	:	IN THE COURT OF COMMON PLEAS OF THE 17TH JUDICIAL DISTRICT OF PENNSYLVANIA
vs.	:	SNYDER COUNTY BRANCH
_____, DEFENDANT	:	CIVIL ACTION-CUSTODY
	:	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 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,

_____

J.

10/30/26

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*