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

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

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

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

Revised 1-2018

## 1. WHAT THIS PACKET CONTAINS

This packet contains two (2) types of papers. First, there are instructions, what you are now reading, that tell you what the papers are and how to use them. The instruction section will later tell you how to fill out the papers contained in the forms section.

The **instructions** include headings entitled:

1. What this Packet Contains;
2. Introduction to Instructions for Pro Se Custody Actions;
3. General Guidelines for Child Custody and Visitation;
4. How to fill out the form of Custody Complaint;
5. How to fill out the Order for the Mediation Orientation Session;
6. How to fill out the Petition for Waiver of Costs;
7. How to fill out the Order Granting Waiver of Costs;
8. How to fill out the Criminal Record Form;
9. How to fill out Entry of Appearance
10. How to file the Complaint and Petition;
11. How to serve the Complaint and Order for the Mediation Orientation Session;
12. How to fill out and file the Affidavit of Service;
13. Mediation Orientation Session;
14. How to fill out the Petition to Intervene.

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

Form 1: Complaint for Custody;

Form 2: Order for the Mediation Orientation Session; including Language Access Notice

Form 3: Petition for Waiver of Costs;

Form 4: Order Granting Waiver of Costs;

Form 5: Affidavit of Service;

Form 6: Notice to all Persons Appearing in Court;

Form 7: Criminal Record/Abuse History Verifications;

Form 8: Entry of Appearance Form for Self-Represented Party;

Form 9: Petition for Intervention.

Form 10: 23 Pa.C.S. §5324 and 23 Pa.C.S. §5325

Form 11: Confidential Information Form and Directions; available online if not attached to this packet.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Please note: **DO NOT PROVIDE MINOR CHILDREN'S NAMES OR DATES OF BIRTH anywhere in this paperwork except on the CONFIDENTIAL FORM.**

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

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

c. On some questions, you are given two (2) possible answers in parentheses [()]. Choose, circle and/or fill in the correct answer; cross out the one that is wrong.

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

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

**Paragraph by paragraph instructions.**

**Caption.** Above the words "Complaint for Custody" is the part of the form known as the caption. Fill in the names of the parties "Intervenor(s)", "Plaintiff", and "Defendant." You are the Intervenor(s); the other parties are the Plaintiff and the Defendant. If someone else claims or has custody, he/ she should be identified as a Defendant also. You should write the same case number in the caption as in the action filed by the Plaintiff against the Defendant.

**1-3.** Give your complete name and address, the Plaintiff's complete name and address, and the Defendant's complete name and address.

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

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

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

Think about all the places where the child/children has/have lived over the last five (5) years. The first column should list in order the dates between moves; the first entry should start with

the date of the oldest address; the last entry should give the date of the last move through the present.

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

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

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

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

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

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

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

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

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

**9.** Fill in the blanks.

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

"WHEREFORE" Circle the type of custody you seek. If you are not sure, read the definitions at the beginning of these instructions.

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

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

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

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

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

You only need to fill in the names of the Plaintiff, Defendant, and Intervenor(s) in the "caption" as you did for the form of Complaint. The caption should be the same on all the papers you fill out.

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

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

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

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

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

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

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

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

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

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

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

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

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

### FILLING OUT THE FORM

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

**Paragraph 3.** The form asks you to fill in facts about your personal situation and finances, including your employment, income, expenses, debts and assets. Be sure to include income from all sources,

including government benefits like public assistance, unemployment compensation, or food stamps. Don't forget money you may get from your spouse if you are married, from parents, friends or family, or from an order for child support. Be sure to include all payment obligations, such as utility, food and clothing expenses. Finally, identify all persons that depend on your income for support, including children and your spouse, if any. DO NOT INCLUDE MINOR CHILDREN'S NAMES USE CONFIDENTIAL FORM FOR THIS INFORMATION.

**Paragraphs 4 and 5.** Be sure to read these paragraphs. They require you to inform the court of any improvement in your financial circumstances that would permit you to pay some or all of the costs you are asking the court to waive. When you date and sign the petition after paragraph 5, you are promising that the information you have filled in is true. You can be punished for any false statement.

## 7. FILLING OUT THE ORDER FOR WAIVER OF COSTS

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

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

Place the form of Order for Waiver of Costs on top of the Petition for Waiver of Costs. You will need to make one (1) copy. (If you did not make copies of the complaint for Custody and scheduling Order of Court, you should do so at this time. Refer to heading number 4, HOW TO FILL OUT THE FORM OF SCHEDULING ORDER OF COURT. Staple one form Order for Waiver of Costs on top of each of the two (2) copies of Petition for Waiver of Costs. You are now ready to file all the papers with the Prothonotary.

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

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

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

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

## 9. HOW TO FILL OUT THE ENTRY OF APPEARANCE OF A SELF-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 and the Petition for Intervention; the second group contains the completed form of Petition for Waiver of Costs covered by the completed form of Order for Waiver of Costs. The first group contains an original and at least two (2) copies; the second group contains an original and one (1) copy.

Present the two (2) groups of papers to the Prothonotary. (If you choose to pay the filing fee, you can, and you need not submit the Petition for Waiver of Costs.). The Prothonotary will take the Petition for Waiver of Costs to the Judge.

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

You must then promptly serve one (1) copy of the certified Order (for mediation orientation session) and Complaint for Custody upon each Defendant. Go on to the next heading for instructions on how to do so.

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

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

Service of the Complaint, Order, and Criminal Record Verification Form is your responsibility. These documents can be served by certified Mail. To do so, you must send the Complaint and Order by **certified mail, return receipt requested, to be signed by the ADDRESSEE ONLY.**

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

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

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

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

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

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

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

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

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

Fill in your name, the date you sent the papers to the Plaintiff and Defendant (which appears on your sender's receipts), the Plaintiff and Defendant's names and addresses, and the date the Plaintiff and Defendant received the papers (from the green card).

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

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

## 13. MEDIATION ORIENTATION SESSION

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

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

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

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

Please note:

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

b. The Petition to Intervene is in the form required by the courts. Answer every question.

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

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

**PARAGRAPH BY PARAGRAPH INSTRUCTIONS**

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

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

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

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

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

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

3. Fill in the blanks.

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

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

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

**CONFIDENTIAL FORMS AND DIRECTIONS**

**ALSO AVAILABLE ON COUNTY WEBSITE**

**PRINT AND RETURN TO THE APPROPRIATE**

**COURT FILING OFFICE WITH OTHER FORMS**

**IF NOT AVAILABLE IN PACKET**

**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.



THIS FORM IS CONFIDENTIAL

# 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 – LAW |
| Defendant | : | CUSTODY |
| | : | NO. _____ |

**ORDER**

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

**RULE RETURNABLE FOR ANSWER ONLY on or before _____, 20___.**

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

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

**NOTICE**

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

BY THE COURT:

_____
J.

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

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

**PETITION FOR INTERVENTION**

1. The Petitioner(s)/Intervenor(s) are: _____who reside at:_____

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

_____

The Plaintiff is:_____

The Defendant is:_____

Other parties to this action are: _____

_____

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

☐ A prior custody order exists regarding the minor child/children who is/are the subject of this action indexed to _____ in _____ County, Pennsylvania.

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

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

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

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

_CHILD 1_____ AGE: _____

_CHILD 2_____ AGE:_____

_CHILD 3 _____ AGE:_____

_CHILD 4_____ AGE:_____

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

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

_____Petitioner(s)Signature

_____ Petitioner(s) Signature

## VERIFICATION

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

_____ Petitioner(s)Signature

_____ Petitioner(s) Signature

## CERTIFICATION OF COMPLIANCE

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

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____

23 Pa.C.S. § 5324

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

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

23 Pa.C.S. § 5325

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

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

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

vs.

_____,
INTERVENOR (S)

**MEDIATION ORIENTATION SESSION ORDER/KIDS FIRST PROGRAM ORDER**

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

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

**CRIMINAL/ABUSE HISTORY VERIFICATION FORM**

Both parties must file with the court and provide to the opposing party a verification regarding any criminal record or abuse history regarding you and anyone living in your household on or before the Kids

First Program or Mediation Orientation Session but not later than 30 days after service of the complaint or petition.

## RELOCATION NOTICE

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

(1) All parties having custody rights have been given written consent to the relocation.

OR

(2) The relocation has been authorized by Court Order.

Anyone intending to relocate **MUST** give at least sixty (60) days advance written notice of the relocation to **ALL PARTIES** pursuant to 23 Pa.C.S.A. § 5337. Any party may file an objection to the relocation with the Court pursuant to 23 Pa.C.S.A. § 5337.

The filing party shall serve this Order upon all other parties along with a copy of this custody pleading and file a proof of service with the Court.

There shall be a **$40.00** fee imposed on each party to defray the costs of the mediation, this fee shall be paid at the first (1st) Kids First Program Session or Mediation Orientation session.

BY THE COURT:

_____

J.

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

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

**ORDER OF COURT**

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

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

_____ a custody conference before the Custody Hearing Officer.

_____ a pretrial conference.

_____ a hearing before the court.

**OR**

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

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

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

No party may make a change in the residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all of the applicable provisions of 23 Pa.C.S. § 5337 and Pa.R.C.P. No. 1915.17 regarding relocation.

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

Office of the Court Administrator
SNYDER County Courthouse
9 West Market Street
Middleburg, Pennsylvania 17842
(570) 837-4344

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

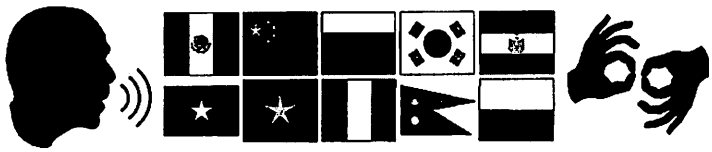
BY THE COURT:

Date:_____, 20___ _____
J.

**AMERICANS WITH DISABILITIES**

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

**Notice of Language Rights**



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

**English:** You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information provided at the top of this notice.

**Spanish/Español:** Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.

**Mandarin/Cantonese Simplified Chinese/普通话/粤语简体中文:** 您有权获得免费的口译员服务。若需要口译员，请使用本通知上方提供的联系信息通知法院工作人员。

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

**Arabic/العربية :** يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. لطلب مترجم، يُرجى إعلام موظفي المحكمة باستخدام معلومات الاتصال المقدمة في الجزء العلوي من هذا الإشعار.

**Russian/Русский:** У вас есть право на бесплатные услуги переводчика. Заявка на переводчика подается в суд по адресу, телефону или эл. почте, указанным выше в заголовке этого уведомления.

**Vietnamese/Tiếng Việt:** Quý vị có quyền được một thông dịch viên giúp mà không tốn chi phí nào cả, xin hãy báo cho nhân viên tòa án dùng thông tin liên lạc có ở trên đầu thông báo này.

**Nepali/नेपाली:** तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न, यस सूचनाको माथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

**Korean/한국어:** 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알리십시오.

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

**Pakistan/ پنجابی /Punjabi:** 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.

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

**COMPLAINT FOR CUSTODY**

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

_____.

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

2. Plaintiff is _____, residing at

_____.

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

3. Defendant is _____, residing at

_____.

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

4. Intervenor(s) seeks/seek (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the following child/children:

| DESIGNATION<br>CHILD # 1, 2,3, etc. | PRESENT RESIDENCE | AGE |
|---|---|---|
| __CHILD 1_____ | _____ | _____ |
| __CHILD 2_____ | _____ | _____ |
| ___( )_____ | _____ | _____ |
| ___( )_____ | _____ | _____ |
| ___( )_____ | _____ | _____ |
| _____ | _____ | _____ |

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

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

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

who resides at_____.

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

| **(Dates)** | **(List All Addresses)** | **(Persons)** |
|---|---|---|
| _____ to _____ | _____ | _____ |
| _____ to _____ | _____ | _____ |
| _____ to _____ | _____ | _____ |
| _____ to _____ | _____ | _____ |
| _____ to _____ | _____ | _____ |
| _____ to _____ | _____ | _____ |
| _____ to _____ | _____ | _____ |

The mother of the child/children is _____
(name)

currently residing at _____
(street) (city) (Zip) (County)

She is _____
(married) (divorced) (single)

The father of the child/children is _____
(name)

currently residing at _____
(street) (city) (Zip) (County)

He is _____
(married) (divorced) (single)

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

_____.

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

Name Relationship

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

_____.

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

_____.

The Plaintiff currently resides with the following persons:

Name Relationship

_____

_____

The defendant currently resides with the following persons:

Name Relationship

_____

_____

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

_____

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

_____

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

The name and address of such person is:

_____

8. The best interest and permanent welfare of the child/children will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the best interest and permanent welfare of the child/children):

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

_____

_____

_____

_____

_____

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

Name Address Basis of Claim

10. (a) If the Intervenor(s) is a grandparent/are grandparents who is/are not in loco parentis to the child/children and is seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5323, you must plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(3).

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

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

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

WHEREFORE, Intervenor(s) requests/request the court to grant (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the child/children.

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

Date: _____, 20____

_____

Signature of Intervenor(s) Pro Se

_____

Signature of Intervenor(s) Pro Se

## CERTIFICATION OF COMPLIANCE

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

Submitted by: _____

Signature: _____

Name: _____

Attorney No. (if applicable): _____

## 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 COMMON PLEAS OF SNYDER COUNTY, PENNSYLVANIA

_____
PLAINTIFF

vs.

NO. _____

_____
DEFENDANT

vs.

_____
INTERVENOR (S)

## ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY

1. I am the ☐ Interveno☐ Def/Plaintiff in the above-captioned **(MARK ONE)**☐ custody, ☐ divorce, ☐ support, ☐ protection from abuse, ☐ paternity case.

2. ☐ This **(MARK ONE)** ☐ is ☐ is not a new case and I am representing myself in this case and have decided not to hire an attorney to represent me.

**OR (check only one box)**

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

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

_____

**OR (check only one box)**

☐ I am entering my appearance as a self-represented party (sign) _____

My attorney acknowledges his/her withdrawal as my attorney in this case.

(Attorney signature) _____, Esq.

3. My address for the purpose of receiving all future pleadings and other legal notices is: _____

_____. I understand that this address will be the only address to which notices and pleadings in this case will be sent, and that I am responsible to regularly check my mail at this address to ensure that I do not miss important deadlines or proceedings.

☐ This is my home address. ☐ This is not my home address.

4. My telephone number where I can be reached during normal business hours (8:00 a.m. – 4:30 p.m. Monday – Friday) is _____. My email address is _____

☐ My telephone number and email address are confidential pursuant to a Protection From Abuse Order.

5. **I UNDERSTAND I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.**

6. I have provided a copy of this form to all other attorneys or other self-represented parties at the following addresses as listed below: (Use reverse side if you need more space)

Name_____ Address_____

Name_____ Address_____

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

**I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.**

_____ _____

Date Signature (Your Signature)

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

☐ **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.

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.<br><br>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.<br><br>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.<br><br>What jurisdiction?:_____<br>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*