

**THIS IS NOT LEGAL ADVICE! THE COURT CANNOT GIVE YOU LEGAL ADVICE OR HELP YOU FILL OUT PAPERWORK. YOU SHOULD CONTACT A LAWYER IF YOU HAVE ANY QUESTIONS FILLING OUT THIS PAPERWORK. THIS IS ONLY TO ASSIST YOU IN FILING THE INITIAL COMPLAINT.**

### **INSTRUCTIONS FOR PRO-SE CUSTODY ACTIONS**

This packet will help you proceed on your own to get an Order giving you custody.

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

#### **A. COSTS**

There are court costs, which you may be required to pay.

The first cost is the fee for filing the custody complaint with the Court, which is One Hundred Thirty Four Dollars and Seventy-Five Cents (\$134.75). You can ask the court to waive these costs. If the court grants your request, you will be able to file free of cost. If not, you will need to pay this fee before anything else happens.

There is also a fee for sending a copy of the complaint, certified mail, to the other parent. You are responsible for these costs.

There is a fee for making copies of the complaint. You may be responsible for these copies.

There are also costs for the Conference Officer's Conference. These can run One Hundred Dollars (\$100.00) or more. You may be required to pay some or all of the Conference Officer's fees. These costs are usually divided between the parents based on their income.

You should consider these fees before you go further.

#### **B. COMPLETE THE FORMS**

To start an action for an Order giving you custody, you must complete the first three (3) forms in this packet.

**Form #1 is an Order of Court Appointing Conference Officer and Complaint for Custody.** The Conference Officer is a lawyer appointed by the Court to meet with both parents and recommend a custody arrangement to the Court. The **Complaint for Custody** ("Complaint") gives the Court all the facts it needs to start the action.

**The Complaint for Custody must be in compliance with the Public Access Policy of the Unified Judicial System of Pennsylvania. THIS MEANS THE COMPLAINT CANNOT CONTAIN THE FULL NAMES OF MINORS OR THEIR DATES OF BIRTH. THE REQUIRED CONFIDENTIAL INFORMATION FORM WITH INSTRUCTIONS IS INCLUDED IN THIS PACKET. THE INSTRUCTIONS MUST BE FOLLOWED AND THE INCLUDED CERTIFICATION SIGNED BY THE FILING PARTY ACKNOWLEDGING THEIR COMPLIANCE.**

**THE CONFIDENTIAL INFORMATION FORM MUST BE FILED TOGETHER WITH THE CUSTODY COMPLAINT, AND A COPY PROVIDED TO THE OPPOSING PARTY.**

**Form #2** is the Criminal Record/Abuse History Verification (“Verification”). The verification shows the Court any criminal or abuse record of the parties involved in the case and anyone living with them.

**Form #3** is an Entry of Appearance as a Self-Represented Party.

**Form #4** is a **Petition to Proceed In Forma Pauperis and Affidavit**. (“Application”). “In Forma Pauperis” is your request to allow the Court to let you file free of cost. If the Court approves your Application, the filing fees are waived. This does not waive the Conference Officer fees. **IF THE COURT DENIES YOUR APPLICATION, YOU WILL BE REQUIRED TO PAY THE FILING FEE OF \$134.75.**

**Complete these forms entirely. Do not leave any blank spaces.**

Some suggestions:

- (a) You are the Plaintiff. The other parent is the Defendant.
- (b) You must fill in the name, address and telephone number of the Plaintiff and the Defendant, and the county where the Court is located. The complaint should be filed in the county where the children live.
- (c) The Complaint and Affidavit are in the form required by the Courts. Some questions and facts are repeated. All information must be given. All questions must be answered.
- (d) If you do not know the answer, mark “Unknown”.
- (e) On some questions, you are given two (2) possible answers in parenthesis. Cross out the one that is wrong. Write in the correct answer.
- (f) You must give approximate dates and addresses of the past residences of the children.
- (g) The forms must be printed in ink or typewritten.

**Form #5** is the Certificate of Service; Affidavit of Service or Acceptance of Service.

**C. FILING AND SERVICE** - Once the papers are completely and properly filled out, they must be filed and served. **READ THE FOLLOWING INSTRUCTIONS COMPLETELY.**

1. **PREPARING TO FILE**

- (a) You will need the original and three (3) copies of the Order of Court Appointing Conference Officer and Complaint for Custody, and Confidential Form.
- (b) You will need the original and three (3) copies of your completed Criminal Record/Abuse History Verification. You will also need one (1) blank copy of the Criminal Record/Abuse History Verification.

(c) You will need the original and three (3) copies of the Entry of Appearance as a Self-Represented Party.

(d) You will need the original and one (1) copy of the Petition to Proceed In Forma Pauperis and Affidavit (if applicable).

2. FILING

(a) The Office of the Prothonotary is on the first floor of the Courthouse in both Columbia and Montour Counties.

(b) To file, you need to hand the papers to the Clerk. They will do the rest.

(c) If you do not have the proper number of copies, the Clerk can make those copies for a fee.

3. FILING FEE

(a) You must pay the filing fee at the time you file.

(b) If you cannot pay the filing fee, the Clerk will send your Petition to Proceed In Forma Pauperis and Affidavit to the Judge. The Judge will review your affidavit and decide your request. It may take a week.

(c) **You must give the Clerk a telephone number. The clerk will contact you when the Judge decides.**

(d) If the Judge denies your request, you will have ten (10) days to pay the filing fee. If you do not pay, the case will be dismissed.

4. RETURN OF COMPLAINT

(a) After the filing fees are either paid or waived, the Clerk will return:

1. One copy of the Order of Court Appointing Conference Officer and Complaint for Custody and Confidential Form, the completed Criminal Record/Abuse History Verification and Entry of Appearance as Self-Represented Party to you for your records and

2. One “certified” copy of the Order of Court Appointing Conference Officer and Complaint for Custody and Confidential Form; the completed Criminal Record/Abuse History Verification, Entry of Appearance as Self-Represented Party and the blank copy of the Criminal Record/Abuse History Verification for you to serve on the other party. (The “certified” copy is proof that it is an accurate copy of the papers filed in the Courthouse.)

3. One copy of the paperwork will be forwarded to the Conference Officer by the Clerk to be scheduled for a hearing.

5. SERVICE OF THE COMPLAINT

(a) You must give the other party (parent) legal notice that you have filed for custody. This type of notice is known as “service”. Service of the custody papers is your responsibility.

(b) To do service, you must send the certified copy of the custody papers by:

1. Certified Mail: the addressee must be the Defendant, return receipt requested, restricted delivery, to be signed by the ADDRESSEE ONLY. The Post Office can help you send Certified Mail.

2. Personal Service: by an individual eighteen years of age or older who is neither a party to the action nor an employee or a relative of a party who will fill in and sign the Affidavit of Service.

3. Acceptance of Service: by handing a copy to the Defendant and having the Defendant fill in and sign the Acceptance of Service form.

**(c) Service must be made within thirty (30) days from the date the custody papers are filed in the Prothonotary's office.**

6. PROOF OF SERVICE:

(a) After service is made, complete Form #5 explaining how service was made on the other party and FILE that document with the Prothonotary's Office.

1. Certificate of Service with mailing receipt attached (for certified mail) OR
2. Affidavit of Service (for personal service by another adult individual) OR
3. Acceptance of Service (hand delivered with defendant's signature)

(b) Once you receive the green card back from the certified mail, put your case number on the card and bring it to the Prothonotary's Office to be attached to the Certificate of Service previously filed.

**D. CONFERENCE AND ORDER:**

1. CONFERENCE OFFICER'S CONFERENCE

(a) Once the Certificate of Service is filed, the Conference Officer will schedule a conference. You will be notified by mail of the date, time and place of the conference.

(b) A copy of sender's receipt and green card should be provided at Conference.

(c) You must attend the conference.

(d) The children must be brought to the conference.

(e) The other party (parent) will be notified of the conference. He / She may attend and ask the Conference Officer for custody.

(f) The Conference Officer will work out a custody arrangement with both parents. This will be presented to the Court for an Order approving the arrangement. The Conference Officer will send you a copy of the Order.

(g) This is not a Hearing. You should not bring witnesses. The Conference Officer will only talk to the parents.

2. ORDER:

(a) The Order you receive from the Court will be an Order approving the Conference Officer's Recommendation.

(b) Any violation of the Order would be Contempt of Court. Either party can be brought before the Court if they are in Contempt of the Court Order. It also is a criminal offense in Pennsylvania to take a child in violation of a Court Order.

(c) If you do not like the Conference Officer's Recommendation, you have twenty (20) days to file Exceptions to the Order and Recommendation. This means you don't like the Recommendation and you want the Judge to change it.

(d) If you want to file Exceptions, call North Penn Legal Services at (570) 784-8760 as soon as you receive the final order. They will meet and discuss with you the possibility of further appeal.

(e) If you file Exceptions, the Judge will schedule a Hearing at which both parties can present all their witnesses and other evidence.

NOTICE

1. In accordance with Rule 1915.6 of the Pennsylvania Rules of Civil Procedure, you are required to name the following individuals as parties on the Custody / Partial Custody Complaint:

A. Any parent whose parental rights have not previously been legally terminated.

B. Any person having physical custody of the child / children.

C. Any other person who claims to have custody rights with regard to the child / children.

D. Any governmental agency (for example, Children and Youth Services) which currently has any physical or legal custody of the child / children.

2. Please make sure you have accurate addresses and telephone numbers for all parties.

3. **REMEMBER:** As Plaintiff, YOU are responsible for making sure that all Defendants are promptly served with a copy of the complaint.

Thank you,

Custody Conference Officers

**CONFIDENTIAL  
INFORMATION  
FORM**



**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 the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. 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 of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof; a magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**CONFIDENTIAL  
INFORMATION  
FORM**



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

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

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

Vs.

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

\_\_\_\_\_  
Court

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

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, 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:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL  
INFORMATION  
FORM**



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

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 Attorney or Unrepresented Party

\_\_\_\_\_  
Date

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

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

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

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

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

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



**CONFIDENTIAL  
INFORMATION  
FORM**



Additional page (if necessary)

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

**FORM #1**

**ORDER OF COURT APPOINTING HEARING OFFICER**

**&**

**COMPLAINT FOR CUSTODY**

\_\_\_\_\_  
PLAINTIFF

VS.

\_\_\_\_\_  
DEFENDANT

\* IN THE COURT OF COMMON PLEAS  
\* 26<sup>TH</sup> JUDICIAL DISTRICT OF  
\* PENNSYLVANIA  
\* COLUMBIA/MONTOUR COUNTY  
\* BRANCH  
\*  
\*  
\* CIVIL ACTION – CUSTODY  
\* NO. OF 20\_\_\_\_

**ORDER OF COURT APPOINTING CONFERENCE OFFICER**

AND NOW, to wit, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the within matter is hereby referred to Marks, McLaughlin, Dennehy & Piontek, LLP, Conference Officers, for further proceedings.

If you fail to appear as provided by order or scheduling notice, 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 yourself 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 BELOW CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE BELOW 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.

NORTH PENN LEGAL SERVICES  
168 EAST FIFTH STREET  
BLOOMSBURG, PA 17815  
(877) 953-4250

**AMERICANS WITH DISABILITIES ACT OF 1990**

The Court of Common Pleas of Columbia 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 to scheduled conference or hearing.

BY THE PROTHONOTARY:

DATE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF  
  
VS.  
  
\_\_\_\_\_  
DEFENDANT

\* IN THE COURT OF COMMON PLEAS  
\* 26<sup>TH</sup> JUDICIAL DISTRICT  
\* \_\_\_\_\_ COUNTY BRANCH, PA  
\* (County)  
\*  
\* CIVIL ACTION – CUSTODY  
\* NO. \_\_\_\_\_ OF 20 \_\_\_\_\_

**COMPLAINT FOR CUSTODY**

1. The plaintiff is \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_.
2. The defendant is \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_.
3. Plaintiff seeks shared legal custody sole legal custody partial physical custody  
primary physical custody shared physical custody sole physical custody  
supervised physical custody of the following child(ren):

<u>CHILD(REN) - INITIALS ONLY</u>	<u>RESIDENCE</u>	<u>AGE</u>
-----------------------------------	------------------	------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child \_\_\_\_ was \_\_\_\_ was not born out of wedlock.

The child is presently in the custody of \_\_\_\_\_, who resides at \_\_\_\_\_.

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

<u>NAME OF PERSONS</u>	<u>RESIDENCE</u>	<u>DATES</u>
------------------------	------------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

• A parent of the child is \_\_\_\_\_, currently residing at \_\_\_\_\_.

This parent is \_\_\_\_\_ married \_\_\_\_\_ divorced \_\_\_\_\_ single.

• A parent of the child is \_\_\_\_\_, currently residing at \_\_\_\_\_.

This parent is \_\_\_\_\_ married \_\_\_\_\_ divorced \_\_\_\_\_ single.

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

Plaintiff currently resides with the following persons:

NAME

RELATIONSHIP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Defendant currently resides with the following persons:

NAME

RELATIONSHIP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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

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

<u>NAME</u>	<u>ADDRESS</u>	<u>BASIS OF CLAIM</u>
-------------	----------------	-----------------------

_____	_____	_____
_____	_____	_____

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

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

(C) If the plaintiff is seeking physical or legal custody of a child and is not *in loco parentis* to the child, the plaintiff shall plead facts establishing standing pursuant to 23

Pa.C.S. § 5324 (4) and (5): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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)

\_\_\_\_\_  
(Petitioner Signature), Pro Se

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

**FORM #2**

**CRIMINAL RECORD / ABUSE HISTORY  
VERIFICATION**



IN THE COURT OF COMMON PLEAS OF COLUMBIA COUNTY, PENNSYLVANIA  
CIVIL ACTION-LAW

Plaintiff,	:	
	:	
vs.	:	No. _____
	:	
Defendant.	:	

**CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

I \_\_\_\_\_, hereby swear or affirm, subject to penalties of law including 18 Pa. C.S. §4904 relating to unsworn falsification to authorities that:

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

Check all that Apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea, No Contest Plea or Pending Charges	Sentence
1 <input type="checkbox"/>	Criminal Homicide (18 Pa. C.S. Ch. 25)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2 <input type="checkbox"/>	Aggravated Assault (18 Pa. C.S. §2702);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3 <input type="checkbox"/>	Terroristic Threats (18 Pa. C.S. §2706);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4 <input type="checkbox"/>	Stalking (18 Pa. C.S. §2709.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5 <input type="checkbox"/>	Kidnapping (18 Pa. C.S. §2901);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6 <input type="checkbox"/>	Unlawful Restraint (18 Pa. C.S. §2902);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7 <input type="checkbox"/>	False Imprisonment (18 Pa. C.S. §2903);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8 <input type="checkbox"/>	Luring a Child into a Motor Vehicle or Structure (18 Pa. C.S. §2910);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9 <input type="checkbox"/>	Rape (18 Pa. C.S. §3121);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	Check all that Apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea, No Contest Plea or Pending Charges	Sentence
10	<input type="checkbox"/>	Statutory Sexual Assault (18 Pa. C.S. §3122.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11	<input type="checkbox"/>	Involuntary Deviate Sexual Intercourse (18 Pa. C.S. §3123);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12	<input type="checkbox"/>	Sexual Assault (18 Pa. C.S. §3124.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13	<input type="checkbox"/>	Aggravated Indecent Assault (18 Pa. C.S. §3125);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14	<input type="checkbox"/>	Indecent Assault (18 Pa. C.S. §3126);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
15	<input type="checkbox"/>	Indecent Exposure (18 Pa. C.S. §3127);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16	<input type="checkbox"/>	Sexual Intercourse with Animal (18 Pa. C.S. §3129);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
17	<input type="checkbox"/>	Conduct Relating to Sex Offenders (18 Pa. C.S. §3130);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18	<input type="checkbox"/>	Arson and Related Offenses (18 Pa. C.S. §3301);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
19	<input type="checkbox"/>	Incest (18 Pa. C.S. §4302);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
20	<input type="checkbox"/>	Concealing Death of Child (18 Pa. C.S. §4303);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
21	<input type="checkbox"/>	Endangering Welfare of Children (18 Pa. C.S. §4304);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
22	<input type="checkbox"/>	Dealing in Infant Children (18 Pa. C.S. §4305);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
23	<input type="checkbox"/>	Prostitution and Related Offenses (18 Pa. C.S. §5902(b));	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
24	<input type="checkbox"/>	Obscene and Other Sexual Materials and Performances (18 Pa. C.S. §5903(c) or (d));	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
25	<input type="checkbox"/>	Corruption of Minors (18 Pa. C.S. §6301);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
26	<input type="checkbox"/>	Sexual Abuse of Children (18 Pa. C.S. §6312);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
27	<input type="checkbox"/>	Unlawful Contact with Minor (18 Pa. C.S. §6318);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
28	<input type="checkbox"/>	Sexual Exploitation of Children (18 Pa. C.S. §6320);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
29	<input type="checkbox"/>	Contempt for Violation of Protection Order or Agreement (23 Pa. C.S. §6114);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check all that Apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea, No Contest Plea or Pending Charges	Sentence
30	<input type="checkbox"/> Driving Under the Influence of Drugs or Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
31	<input type="checkbox"/> Manufacture, Sale, Delivery, Holding, Offering for Sale, or Possession of any Controlled Substance or Other Drug or Device	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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

Check all that Apply		Self	Other Household Member	Date
32	<input type="checkbox"/> An indication or finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
33	<input type="checkbox"/> Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
34	<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

---



---

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child.

---



---

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain:

---

---

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.

---

Signature

---

Printed Name

**FORM #3**

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

IN THE COURT OF COMMON PLEAS 26<sup>TH</sup> JUDICIAL DISTRICT, COLUMBIA COUNTY, PENNSYLVANIA  
CIVIL ACTION – LAW

\_\_\_\_\_  
Plaintiff  
v. \_\_\_\_\_  
Defendant

:  
:  
:  
:  
:  
:

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

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

1. I am the Plaintiff Defendant in the above-captioned custody action.  
**(CHECK ONLY ONE FOR #2)**
2. A. This is a new case and I am representing myself in this case and have decide not to hire an attorney to represent me.  
B. This is not a new case and \_\_\_\_\_ (*insert attorney name*) previously represented me in this case. However, I have decided not to be represented by that attorney and hereby direct the Prothonotary to remove that attorney as counsel of record in this case.  
On \_\_\_\_\_, 20\_\_\_\_, I provided a copy of this form to that attorney listed above at the following address: \_\_\_\_\_
3. My address for the purpose of receiving all future pleadings and other legal notices is: \_\_\_\_\_  
\_\_\_\_\_; **AND** I understand that this address will be the only location to which important documents are sent, and that I am fully responsible to regularly check my mail at such address to ensure that I do not miss important dates or proceedings.
  - a. This is my home address. This is not my home address.
4. My telephone number is: \_\_\_\_\_
5. **I UNDERSTAND THAT I MUST INFORM THE PROTHONOTARY’S OFFICE EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.**
6. On \_\_\_\_\_, 20\_\_\_\_, I provided a copy of this form to all other attorneys of record or other self-represented parties at the following addresses as listed below: (*insert additional pages if you need more space*)  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
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 these responsibilities. I also understand the Court cannot and will not provided any advice to me about how to present my case or defend claims against me. **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.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name

**FORM #4**

**PETITION TO PROCEED IN FORMA PAUPERIS  
AND AFFIDAVIT**

**COMPLETE THIS FORM ONLY IF YOU FEEL YOU CANNOT  
AFFORD TO PAY THE FILING FEE**

IN THE COURT OF COMMON PLEAS 26<sup>TH</sup> JUDICIAL DISTRICT  
 COLUMBIA COUNTY, PENNSYLVANIA  
 CIVIL ACTION - LAW

	:	
Plaintiff	:	
	:	
vs.	:	No.: _____
	:	
	:	
	:	
Defendant	:	

**ORDER OF COURT**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, upon consideration of the attached Petition to Proceed in Forma Pauperis and the Income Affidavit, it is hereby ordered that said petition is **GRANTED / DENIED**.

BY THE COURT:

\_\_\_\_\_  
 JUDGE



IN THE COURT OF COMMON PLEAS 26<sup>TH</sup> JUDICIAL DISTRICT  
COLUMBIA COUNTY, PENNSYLVANIA  
CIVIL ACTION - LAW

Plaintiff	:		
	:		
vs.	:	No.:	
	:		
	:		
Defendant	:		

**PETITION TO PROCEED IN FORMA PAUPERIS**

Petitioner respectfully represents that:

1. Petitioner, \_\_\_\_\_, is the (Plaintiff) (Defendant) in the above captioned action.

2. Petitioner's address is: \_\_\_\_\_  
\_\_\_\_\_  
(give full address)

3. Petitioner's income and expense information is fully and accurately set forth in the attached affidavit.

WHEREFORE, Petitioner respectfully requests Your Honorable Court to enter an Order, granting leave to proceed in forma pauperis in the above captioned action.

Respectfully submitted,

\_\_\_\_\_  
Petitioner

DATE: \_\_\_\_\_

**AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED  
IN FORMA PAUPERIS**

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

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

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

*(give full address)*

**A. Employment**

If you are presently employed, state:

Employer: \_\_\_\_\_

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

Salary or wages per month: \_\_\_\_\_

If you are presently unemployed, state:

Date of last employment: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

**B. Other income within the past twelve months**

Business or profession: \_\_\_\_\_

Other self-employment: \_\_\_\_\_

Interest: \_\_\_\_\_

Dividends: \_\_\_\_\_

Pension and annuities: \_\_\_\_\_

Social Security benefits: \_\_\_\_\_

Support payments: \_\_\_\_\_

Disability payments: \_\_\_\_\_

Unemployment compensation and supplemental benefits: \_\_\_\_\_

Workmen's compensation: \_\_\_\_\_

Public assistance: \_\_\_\_\_

**C. Other contributions to household support**

(Wife) (Husband) Name: \_\_\_\_\_

If spouse is employed, state

Employer: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Contributions from children: \_\_\_\_\_

Contribution from parents: \_\_\_\_\_

Other contributions: \_\_\_\_\_

**D. Property owned**

Cash: \_\_\_\_\_

Checking account: \_\_\_\_\_

Savings account: \_\_\_\_\_

Certificates of deposit: \_\_\_\_\_

Real estate (including home): \_\_\_\_\_

Motor vehicle: Make: \_\_\_\_\_ Year: \_\_\_\_\_ Cost: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Stocks; bonds: \_\_\_\_\_

Other: \_\_\_\_\_

**E. Debts and obligations**

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loans: \_\_\_\_\_

Other: \_\_\_\_\_

**F. Persons dependent upon you for Support:**

(Wife) (Husband) Name: \_\_\_\_\_

Children, if any:

Name (INITIALS ONLY):	_____	Age: _____
	_____	Age: _____
	_____	Age: _____
	_____	Age: _____

Other Persons:

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

Relationship: \_\_\_\_\_

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

I verify that the statements made in this affidavit are true and correct.

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities which provides that if I knowingly make false averments, I may be subject to criminal penalties.

\_\_\_\_\_  
Petitioner's Signature

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

\_\_\_\_\_  
Petitioner's Printed Name

**FORM #5**

**CERTIFICATE OF SERVICE or  
AFFIDAVIT OF SERVICE or  
ACCEPTANCE OF SERVICE**

IN THE COURT OF COMMON PLEAS 26<sup>TH</sup> JUDICIAL DISTRICT  
COLUMBIA COUNTY, PENNSYLVANIA  
CIVIL ACTION – LAW

\_\_\_\_\_  
Plaintiff  
v. \_\_\_\_\_  
Defendant

:  
:  
:  
:  
:  
:  
:

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

**CERTIFICATE OF SERVICE - U.S. FIRST CLASS MAIL**

I, \_\_\_\_\_, plaintiff/defendant herein, do verify and say that on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, I did deliver for mailing at the U. S. Post Office, a true and correct copy of the (*check one*):

- \_\_\_\_\_ Complaint for Custody
- \_\_\_\_\_ Petition to Modify Custody
- \_\_\_\_\_ Petition for Contempt

to be served upon \_\_\_\_\_, plaintiff/defendant herein, at the following address:

\_\_\_\_\_

by Certified Mail, Restricted Delivery, postage prepaid, for which a Certificate of Mailing is attached hereto and made a part hereof.

The above referenced document(s) were received by the defendant on:

\_\_\_\_\_.

I verify that the statements made in this document 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.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name

IN THE COURT OF COMMON PLEAS 26<sup>TH</sup> JUDICIAL DISTRICT  
COLUMBIA COUNTY, PENNSYLVANIA  
CIVIL ACTION – LAW

\_\_\_\_\_  
Plaintiff  
v. \_\_\_\_\_  
Defendant

:  
:  
:  
:  
:  
:  
:

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

**AFFIDAVIT OF SERVICE - PERSONAL SERVICE**

I, \_\_\_\_\_ (name of person making service), do verify  
and say that I served the defendant, \_\_\_\_\_,  
with a true and correct copy of the (*check one*):

- \_\_\_\_\_ Complaint for Custody
- \_\_\_\_\_ Petition to Modify Custody
- \_\_\_\_\_ Petition for Contempt

WHERE: \_\_\_\_\_

HOW: \_\_\_\_\_

WHEN: \_\_\_\_\_

I verify that the statements made in this document 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.

\_\_\_\_\_  
Signature of Person Making Service

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

\_\_\_\_\_  
Printed Name of Person Making Service

IN THE COURT OF COMMON PLEAS 26<sup>TH</sup> JUDICIAL DISTRICT  
COLUMBIA COUNTY, PENNSYLVANIA  
CIVIL ACTION – LAW

\_\_\_\_\_  
Plaintiff  
v. \_\_\_\_\_ NO.: \_\_\_\_\_  
\_\_\_\_\_  
Defendant

**ACCEPTANCE OF SERVICE**

I, \_\_\_\_\_, plaintiff/defendant herein,  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, hereby accept service of  
the (*check one*):

- \_\_\_\_\_ Complaint for Custody
- \_\_\_\_\_ Petition to Modify Custody
- \_\_\_\_\_ Petition for Contempt

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name