

INSTRUCTIONS FOR PETITION TO MODIFY A CUSTODY ORDER

These instructions will help you file and set up a hearing with a Custody Conference Officer for modification of a current custody order.

Before you begin, read completely these instructions.

COSTS

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

The first cost is the fee for filing the custody modification with the Court, which is Twenty Dollars (\$20.00).

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

There is a fee for making copies of the petition. 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 parties.

You should consider these fees before you go further.

The Petition to Modify must be in compliance with the Public Access Policy of the Unified Judicial System of Pennsylvania. THIS MEANS THE PETITION 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 PETITION TO MODIFY, AND A COPY PROVIDED TO THE OPPOSING PARTY.

COMPLETE THE FORMS

Order. Fill in only the top of the Order form. DO NOT date it.

Petition. Fill it out completely. Do not leave any blank spaces. Here are some suggestions:

At the top left, you are the "petitioner". The other parent is the "respondent".

At the top right, fill in the county in which you are filing. Write the same Civil Number as the latest Court Order.

Fill in the current address for both parents. **You will need a current address before there can be any hearing.**

To complete #3, write in the date of the most recent Court Order on custody. **You must attach a copy of the most recent custody order.**

To complete #4, explain briefly how you want the Order modified.

Sign your name at the bottom. You are proceeding “pro se”. This means you are acting on your own and have no attorney.

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. The attached form must be completed and filed for any adult person living in the household. A blank form must be attached and served with the Petition for completion by the opposing party.

FILING AND SERVICE

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

Preparing to file.

You will need the original and three (3) copies of all the following: Order of Court Appointing Conference Officer; Petition to Modify with a copy of the most recent custody order attached; and the completed Confidential Information Form.

You will need the original and three (3) copies of your completed Criminal Record/Abuse History Verification. You will also need one blank copy of the Criminal Record/Abuse History Verification.

Filing.

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

To file, you need to hand the original and all of the copies to the Clerk.

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

Filing fee.

There is a \$20.00 fee for filing the Petition to Modify. You must pay the filing fee at the time you file.

Return of Petition

After the filing fees are paid, the Clerk will return:

One copy of the Order of Court Appointing Conference Officer and Petition to Modify along with the Confidential Information Form and the completed Criminal Record/Abuse History Verification to you for your records and

One “certified” copy of the Order of Court Appointing Conference Officer and Petition to Modify; the Confidential Information Form; the completed Criminal Record/Abuse History Verification; 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.)

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

Service of the Petition.

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

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

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.

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.

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

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

Proof of Service.

After service is made, complete the Certificate of Service explaining how service was made on the other party and file with the Prothonotary:

Certificate of Service with mailing receipt attached (for certified mail) OR

Affidavit of Service (for personal service by another adult individual) OR

Acceptance of Service (hand delivered with defendant’s signature)

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.

A hearing may not be scheduled until the Proof of Service is filed.

**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

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

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

**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>(full name of adult)</p> <p style="text-align: center;">OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <hr/> <p>(full name of minor)</p> <p>and date of birth: _____</p>	Social Security Number (SSN):	Alternative Reference: SSN ____
	Financial Account Number (FAN):	Alternative Reference: FAN ____
	Driver License Number (DLN):	Alternative Reference: DLN ____
	State of Issuance:	
	State Identification Number (SID): _____	Alternative Reference: SID ____
<hr/> <p>(full name of adult)</p> <p style="text-align: center;">OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <hr/> <p>(full name of minor)</p> <p>and date of birth: _____</p>	Social Security Number (SSN):	Alternative Reference: SSN ____
	Financial Account Number (FAN):	Alternative Reference: FAN ____
	Driver License Number (DLN):	Alternative Reference: DLN ____
	State of Issuance:	
	State Identification Number (SID): _____	Alternative Reference: SID ____
<hr/> <p>(full name of adult)</p> <p style="text-align: center;">OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <hr/> <p>(full name of minor)</p> <p>and date of birth: _____</p>	Social Security Number (SSN):	Alternative Reference: SSN ____
	Financial Account Number (FAN):	Alternative Reference: FAN ____
	Driver License Number (DLN):	Alternative Reference: DLN ____
	State of Issuance:	
	State Identification Number (SID):	Alternative Reference: SID ____

**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**



Abuse Victim Addendum

Instructions for Completing the Abuse Victim Addendum: The Abuse Victim Addendum shall accompany a filing where confidential information is being provided by an abuse victim, as defined in this policy, **in family court actions** (see Pa.R.C.P. No. 1931(a)), **as required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter.** This addendum, and any additional pages, shall only be provided to the court and shall remain confidential. 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.

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Child Custody <input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse		
This Information Pertains to:	Confidential Information:	References in Filing:
<hr/> <p style="text-align: center;">(full name of abuse victim)</p> <hr/> <p style="text-align: center;">Docket/Case No. of Protection Order</p> <hr/> <p style="text-align: center;">Court/County</p>	<p>AV Address:</p> <hr/> <p>AV Employer's Name & Address:</p> <hr/> <p>AV Work Schedule:</p> <hr/> <p>AV Other contact information:</p> <hr/>	<p>Alternative Reference: AV 1 Address</p> <p>Alternative Reference: AV 1 Employer's Name & Address</p> <p>Alternative Reference: AV 1 Work Schedule</p> <p>Alternative Reference: AV 1 Other contact information</p>

Attach additional page(s) if necessary.

**CONFIDENTIAL
INFORMATION
FORM**



Abuse Victim Addendum
Additional page (if necessary)

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Child Custody <input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse		
This Information Pertains to:	Confidential Information:	References in Filing:
_____ (full name of abuse victim) _____ Docket/Case No. of Protection Order _____ Court/County	AV Address: _____ AV Employer's Name & Address: _____ AV Work Schedule: _____ AV Other contact information:	Alternative Reference: AV_Address Alternative Reference: AV_Employer's Name & Address Alternative Reference: AV_Work Schedule Alternative Reference: AV_Other contact information

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Child Custody <input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse		
This Information Pertains to:	Confidential Information:	References in Filing:
_____ (full name of abuse victim) _____ Docket/Case No. of Protection Order _____ Court/County	AV Address: _____ AV Employer's Name & Address: _____ AV Work Schedule: _____ AV Other contact information:	Alternative Reference: AV_Address Alternative Reference: AV_Employer's Name & Address Alternative Reference: AV_Work Schedule Alternative Reference: AV_Other contact information

PLAINTIFF	*	IN THE COURT OF COMMON PLEAS
	*	26 TH JUDICIAL DISTRICT OF
	*	PENNSYLVANIA
	*	COLUMBIA/MONTOUR COUNTY
	*	BRANCH
VS.	*	
	*	
DEFENDANT	*	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, 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. 191517 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.

DATE: _____

PROTHONOTARY:

PLAINTIFF

VS.

DEFENDANT

* IN THE COURT OF COMMON PLEAS

* 26TH JUDICIAL DISTRICT

* _____ COUNTY BRANCH, PA

*

*

* CIVIL ACTION – CUSTODY

* NO. _____ OF 20 _____

PETITION FOR MODIFICATION OF A CUSTODY ORDER

TO THE HONORABLE, THE JUDGES OF SAID COURT:

COMES NOW, _____, and respectfully represents that:

- 1) The Petitioner is _____, who resides at _____.
- 2) The Respondent is _____. who resides at _____.
- 3) On _____, an Order of Custody was entered by this Court, a true and correct copy of which is attached hereto, marked Exhibit "A" and made a part hereof.
- 4) Petitioner has attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No. 1915.3-2.
- 5) The best interests and welfare of the child(ren) will be promoted by a modification of the present Order as follows: _____

WHEREFORE, Petitioner respectfully prays that this Court refer the matter to a Conference Officer for a conference to modify the existing custody Order.

(Petitioner Signature) Pro Se

(Date)

(Print Name)

(Address)

(City, State, Zip)

(Telephone)

VERIFICATION

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

Date

Petitioner

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

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

Plaintiff
v. _____
Defendant

:
:
:
:
:
:
:

NO.: _____

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