

**LYCOMING COUNTY COURT OF COMMON PLEAS  
MOTION COVER SHEET**

\_\_\_\_\_,  
Plaintiff  
vs.  
\_\_\_\_\_,  
Defendant

Docket No:  
:  
:  
Case Assigned to Judge  
:  
 None  
:  
 Family Court Hearing Officer  
:  
:  
:

1. Name of Filing Party: \_\_\_\_\_  
2. Filing Party's Attorney: \_\_\_\_\_  
3. Type of Filing: \_\_\_\_\_

<p>4. The following is/are requested: <input type="checkbox"/> Argument <input type="checkbox"/> Evidentiary Hearing <input type="checkbox"/> Court Conference <input type="checkbox"/> Rule to Show Cause <input type="checkbox"/> Entry of Uncontested Order     (attach supporting documentation) <input type="checkbox"/> Expedited Consideration. State the basis:     _____ <input type="checkbox"/> Video conferencing requested. Request form has     been submitted. See Lyc. Co. R.G.C.B. L8. <input type="checkbox"/> Attach this cover sheet to original motion     previously filed on: _____</p> <p>5. Time Required: _____</p>	<p>6. Name and addresses of all counsel of record and unrepresented parties:</p> <p style="text-align: center;">_____ Continued on a Separate Sheet.</p>
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**ORDER**

1.    \_\_\_ An \_\_\_ argument \_\_\_ factual hearing \_\_\_ court conference is scheduled for \_\_\_\_\_  
    at \_\_\_\_\_ o'clock \_\_\_. M., in courtroom No. \_\_\_\_\_, Lycoming County Courthouse, Williamsport, PA.
2.    \_\_\_\_\_ Briefs are to be filed by the following dates:  
    Filing Party \_\_\_\_\_.  
    Responding party (ies) \_\_\_\_\_.
3.    \_\_\_\_\_ A rule is issued upon Respondent to show cause why the Petitioner is not entitled to the relief requested.
4.    \_\_\_\_\_ A response to the Motion/Petition shall be filed within \_\_\_\_\_ days.
5.    \_\_\_\_\_ See order attached. \_\_\_\_\_ See separate order issued this date.
6.    \_\_\_\_\_ Other: \_\_\_\_\_.
- 7.

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

**c: ALL PARTIES OR OTHERS TO BE SERVED WITH NOTICE MUST BE DESIGNATED IN "6" ABOVE. NOTICE:** The parties are directed to confer for the purpose of resolving any issue raised in the motion/petition. If a resolution is reached prior to the scheduled date, the moving party shall immediately notify the court scheduling technician, the judge or hearing officer assigned to hear the matter, and all counsel of record or parties if unrepresented. Such notice may be in writing or by email.

Plaintiff	:	IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA
	:	
vs.	:	CIVIL ACTION - LAW
	:	CUSTODY
	:	
Defendant	:	NO.

**ORDER AND NOTICE**

You, \_\_\_\_\_, (non-filing party), 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): IDENTIFY EACH CHILD BY INITIALS ONLY—DO NOT WRITE THE NAME

If you fail to appear at the scheduled hearing/conference, an order for custody, partial custody, or visitation 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, GO TO OR TELEPHONE ONE OF THE OFFICES SET FORTH BELOW. THESE OFFICES CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THESE OFFICES MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.**

<p><b>If you do not have a lawyer contact:</b></p> <p><b>Pennsylvania Bar Association Lawyer Referral Service 100 South Bend Street, P.O. Box 186 Harrisburg, PA 17108-0186 (800) 692-7375</b></p>	<p><b>If you cannot afford a lawyer, you may be eligible for legal aid through:</b></p> <p><b>North Penn Legal Services 25 West Third Street, Suite 400 Williamsport, PA 17701 (570) 323-8741</b></p>
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BY THE COURT,

Date: \_\_\_\_\_ J.

**AMERICANS WITH DISABILITIES  
ACT OF 1990**

**The Court of Common Pleas of Lycoming 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 the Court Administrator's office, telephone number (570)327-2330. All arrangements must be made at least 72 hours prior to any hearing or business before the court.**

\_\_\_\_\_, : IN THE COURT OF COMMON PLEAS OF  
 Plaintiff : LYCOMING COUNTY, PENNSYLVANIA  
 :  
 vs. : NO.  
 : CIVIL ACTION - LAW  
 \_\_\_\_\_, :  
 Defendant : CUSTODY

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY**  
**Pursuant to Pa.R.C.P. No. 1930.8**

1. My name is \_\_\_\_\_.

2. I am the \_\_\_\_\_ Plaintiff  
 \_\_\_\_\_ Defendant

3. I represent myself in this action.

4. REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (IF APPLICABLE)  
**[FILL OUT THIS PART ONLY IF YOU HAVE AN ATTORNEY OF RECORD]**

\_\_\_\_\_ Remove \_\_\_\_\_, Esquire as my attorney of record.

\_\_\_\_\_ Withdraw my appearance for the filing party  
 \_\_\_\_\_, Esquire (Print attorney name) ID# \_\_\_\_\_  
 \_\_\_\_\_ Attorney Signature Date: \_\_\_\_\_

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

**All pleadings and legal papers can be served on me at the address listed below, which may or may not be my home address pursuant to Rule 1930.8.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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

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

\_\_\_\_\_,  
 Plaintiff  
 vs.  
 \_\_\_\_\_,  
 Defendant

: IN THE COURT OF COMMON PLEAS OF  
 : LYCOMING COUNTY, PENNSYLVANIA  
 :  
 : CIVIL ACTION – LAW  
 : CUSTODY  
 :  
 : NO.

**PETITION FOR MODIFICATION OF A CUSTODY ORDER**

1. The Petitioner is \_\_\_\_\_ and resides at:  
 (name of party filing the petition)

\_\_\_\_\_  
 (Street, City, County, State, and Zip Code)

The Petitioner's phone number is: \_\_\_\_\_

2. The Respondent is \_\_\_\_\_, and resides at:  
 (name of other party)

\_\_\_\_\_  
 (Street, City, County, State, and Zip Code)

His/her phone number is \_\_\_\_\_.

3. The children involved in this case are: LIST EACH CHILD BY INITIALS AND AGE ONLY. DO NOT WRITE THE NAME OR BIRTH DATE.

INITIALS

AGE

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

4. Petitioner respectfully represents that on \_\_\_\_\_, 20\_\_\_\_,

An order was entered for (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody). A true and correct copy of the Order is attached.

5. This order should be modified because: \_\_\_\_\_

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6. This order should be modified to say: \_\_\_\_\_

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

WHEREFORE, Petitioner requests that the Court modify the existing Order because it will be in the best interest of the child(ren).

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

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

\_\_\_\_\_  
Petitioner (your signature)

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

_____	:	IN THE COURT OF COMMON PLEAS OF
Plaintiff	:	LYCOMING COUNTY, PENNSYLVANIA
	:	
vs.	:	CIVIL ACTION – LAW
	:	CUSTODY
	:	
_____	:	NO.
Defendant	:	

**PLAINTIFF’S  
CRIMINAL RECORD/ABUSE HISTORY VERIFICATION**

I, \_\_\_\_\_ (Plaintiff), 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:

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other Household Member</b>	<b>Date of Conviction, Guilty Plea or Pending Charges</b>	<b>Sentence</b>
	18 Pa. C.S. Ch. 25 (relating to criminal homicide)				
	18 Pa. C.S. §2702 (relating to aggravated assault)				
	18 Pa. C.S. §2706 (relating to terroristic threats)				
	18 Pa. C.S. §2709.1 (relating to stalking)				
	18 Pa. C.S. §2901 (relating to kidnapping)				
	18 Pa. C.S. §2902 (relating to unlawful restraint)				

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other Household Member</b>	<b>Date of Conviction, Guilty Plea or Pending Charges</b>	<b>Sentence</b>
	18 Pa. C.S. §2903 (relating to false imprisonment)				
	18 Pa. C.S. §2910 (relating to luring a child into a motor vehicle or structure)				
	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 assault)				
	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 a 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. §5902(b) (relating to prostitution and related offenses)				
	18 Pa. C.S. §5903(c ) or (d) (relating to obscene and other sexual materials and performances)				

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other Household Member</b>	<b>Date of Conviction, Guilty Plea or Pending Charges</b>	<b>Sentence</b>
	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)				
	18 Pa. C.S. §6114 (relating to contempt for violation of protection order or agreement)				
	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				

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

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other Household Member</b>	<b>Date</b>
	A finding of abuse by a Children and Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction			
	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania, or similar statute in another jurisdiction			
	Involvement with a Children and Youth Agency or similar agency in Pennsylvania or another jurisdiction.  Where?: _____			
	Other:			



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

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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.

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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:

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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 penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

_____	:	IN THE COURT OF COMMON PLEAS OF
Plaintiff	:	LYCOMING COUNTY, PENNSYLVANIA
	:	
vs.	:	CIVIL ACTION – LAW
	:	CUSTODY
	:	
_____	:	NO.
Defendant	:	

**DEFENDANT’S  
CRIMINAL RECORD/ABUSE HISTORY VERIFICATION**

I, \_\_\_\_\_ (Defendant), 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:

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other Household Member</b>	<b>Date of Conviction, Guilty Plea or Pending Charges</b>	<b>Sentence</b>
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	18 Pa. C.S. §2709.1 (relating to stalking)				
	18 Pa. C.S. §2901 (relating to kidnapping)				
	18 Pa. C.S. §2902 (relating to unlawful restraint)				

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other Household Member</b>	<b>Date of Conviction, Guilty Plea or Pending Charges</b>	<b>Sentence</b>
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	18 Pa. C.S. §5903(c ) or (d) (relating to obscene and other sexual materials and performances)				

Check all that apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea or Pending Charges	Sentence
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	18 Pa. C.S. §6318 relating to unlawful contact with minor)				
	18 Pa. C.S. §6320 (relating to sexual exploitation of children)				
	18 Pa. C.S. §6114 (relating to contempt for violation of protection order or agreement)				
	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				

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

Check all that apply	Crime	Self	Other Household Member	Date
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	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania, or similar statute in another jurisdiction			
	Involvement with a Children and Youth Agency or similar agency in Pennsylvania or another jurisdiction.  Where?: _____			
	Other:			

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

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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.

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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:

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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 penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**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](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 *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:
<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 _____ (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's 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 style="text-align: center;">OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____ (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's 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>

**THIS FORM IS CONFIDENTIAL**

**CONFIDENTIAL  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

Additional page for additional children (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>_____</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's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p> <p>_____</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>_____</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's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p> <p>_____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>

**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**



\_\_\_\_\_, : IN THE COURT OF COMMON PLEAS OF  
 Plaintiff : LYCOMING COUNTY, PENNSYLVANIA  
 :  
 vs. : CIVIL ACTION - LAW  
 : CUSTODY  
 \_\_\_\_\_, :  
 Defendant : NO.

**AFFIDAVIT OF SERVICE BY CERTIFIED MAIL AND REGULAR MAIL**

I, \_\_\_\_\_, certify that on \_\_\_\_\_, I  
 (your name) (date mailed)  
 mailed a true and correct copy of the Motion Cover Sheet, Order and Notice, Petition for  
 Modification, completed Criminal Record/Abuse History Verification, a blank Criminal  
 Record/Abuse History Verification, a copy of the current Custody Order, and the Confidential  
 Information Form. These documents were sent by certified mail, restricted delivery, return receipt  
 requested, to:

\_\_\_\_\_  
 (other parent/party's name and address)  
 \_\_\_\_\_  
 \_\_\_\_\_

I also mailed a true and correct copy of these documents by regular  
 mail to the other party at the same address on \_\_\_\_\_.  
 (date mailed)

- The other party received the documents on \_\_\_\_\_.  
 (date received)  
 Sender's receipt and return receipt are attached.
- The other party refused the certified mail, and the sender's receipt and refusal are  
 attached.
- The regular mail has not been returned as undeliverable.

I verify that the foregoing is 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's Signature: \_\_\_\_\_

\_\_\_\_\_, : IN THE COURT OF COMMON PLEAS OF  
 Plaintiff : LYCOMING COUNTY, PENNSYLVANIA  
 :  
 vs. : CIVIL ACTION - LAW  
 : CUSTODY  
 \_\_\_\_\_, :  
 Defendant : NO.

**AFFIDAVIT OF PERSONAL SERVICE**

I, \_\_\_\_\_, certify that I am a competent adult who is  
 (person serving other parent/party)  
 18 years of age or older, and I am not a party to this action or an employee or relative of a party  
 to this action. On \_\_\_\_\_, I served a true and correct copy of the  
 (date)  
 Motion Cover Sheet, Notice and Order, Petition for Modification of Custody, completed Criminal  
 Record/Abuse History Verification, a blank Criminal Record/Abuse, a copy of the current Custody

Order and the Confidential Information Form upon \_\_\_\_\_ by:  
 (other parent/party)

- handing a copy to him/her;
- handing a copy to an adult family member at his/her residence by the name of \_\_\_\_\_;
- handing a copy to an adult in charge of his/her residence by the name of \_\_\_\_\_;
- handing a copy to an adult in charge at his/her place of employment by the name of \_\_\_\_\_,

at this address/location: \_\_\_\_\_,  
 (place served)

at approximately \_\_\_\_\_.  
 (time of day/am-pm)

I verify that the foregoing is 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: \_\_\_\_\_ (server's signature)

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

Address \_\_\_\_\_

Phone: \_\_\_\_\_