

**LYCOMING COUNTY  
COMPLAINT FOR CUSTODY SELF-HELP KIT**

**REMEMBER**

*The law often changes. Each case is different. This self-help kit is meant to give you general information and not give you specific legal advice.*

## INTRODUCTION

This packet will help you file the forms to ask for different types of custody of your child or children. When you file for something “on your own” with no attorney representing you, it is called filing “pro se.”



## **BEFORE YOU DECIDE TO FILE**

Here are some points to consider before you decide whether to file for custody:

1. If there is already a Custody Order, you CANNOT use this packet. You must file a petition to modify that order using a Petition to Modify an Existing Order packet. You can do this pro se (on your own). All custody packets are available from the Law Library in the basement of the Courthouse; online at [www.lyco.org](http://www.lyco.org) under the “Courts/Law Library/Forms” tabs; or from North Penn Legal Services, 25 West Third St., Suite 400, Williamsport, PA 17701.
2. If you and the other parent are in agreement about custody, you can file a Stipulation that includes your agreement. After you file it, you will get a Court Order signed by a Judge that confirms your agreement. You can do this pro se (on your own). All custody packets are available from the Law Library in the basement of the Courthouse; online at [www.lyco.org](http://www.lyco.org) under the “Courts/Law Library/Forms” tabs; or from North Penn Legal Services, Penn Tower, 25 West Third St., Suite 400, Williamsport, PA 17701.
3. If the child or children live with you and the other parent doesn’t spend much time with them, that may change if you decide to “go to Court.” The other parent may surprise you by coming to Court and asking for more custody time than they have had. The Court will usually give both parents regular periods of custody, unless there is a Children and Youth recommendation or a psychologist’s report that would restrict a parent’s contact with the children. Even if there is a Protection From Abuse Order because one parent has abused the other, this will usually not restrict a parent’s right to custody. Therefore, you may decide not to file for custody if things are satisfactory without an Order.
4. If you are *not* a parent of the child(ren), you may wish to read the self-help kit called “Standing: Who Can File for Custody?” All custody packets are available in the Law Library in the basement of the Courthouse; online at [www.lyco.org](http://www.lyco.org) under the “Courts/Law Library/Forms” tabs; or from North Penn Legal Services, Penn Tower, 25 West Third St., Suite 400, Williamsport, PA 17701.

## **CUSTODY TERMS**

- LEGAL CUSTODY** - Means the right to make major decisions affecting the best interest of a minor child, including, but not limited to, medical, religious, and educational decisions.
- SHARED LEGAL CUSTODY** - Means the right of more than one individual to legal custody of the child.
- SOLE LEGAL CUSTODY** - Means the right of one individual to exclusive legal custody of the child.
- PHYSICAL CUSTODY** - Means the actual physical possession and control of a child.
- PRIMARY PHYSICAL CUSTODY** - Means the right to assume physical custody of the child for a majority of the time.
- PARTIAL PHYSICAL CUSTODY** - Means the right to take possession of a child away from the custodial parent for a certain period of time.
- SHARED PHYSICAL CUSTODY** - Means the right of more than one individual to assume physical custody of the child, each having significant periods of physical custodial time with the child.
- SOLE PHYSICAL CUSTODY** - Means the right of one individual to exclusive physical custody of the child.
- SUPERVISED PHYSICAL CUSTODY** - Means custodial time during which an agency or an adult designated by the Court, or agreed upon by the parties, monitors the interaction between the child and the individual with those rights.
- PERSON ACTING AS A PARENT** - A person other than a parent, including an institution, who has physical custody of a child and who has either been awarded custody by a court or claims a right to custody.
- RELOCATION** - Means a change in residence of the child which significantly impairs the ability of a non-relocating party to exercise custodial rights.

## MYTHS AND REALITIES

- MYTH:** If a parent does not pay child support, the parent does not have a right to spend time with the child.
- REALITY:** Child support and custody rights are viewed as separate issues by the Court. A parent may not deny custody to the other parent because he/she is not paying child support. The court will not prevent a parent from seeing a child just because the parent has not made support payments.
- MYTH:** If the child is living with the mother, and the mother and father have never been married, the mother has legal custody of the child and the father cannot take the child without the mother's permission.
- REALITY:** Without a Court Order for custody, each parent has an equal right to have the child live with her/him and to make decisions about the child. A Custody Order spells out specific rights and responsibilities about physical custody and decision-making for the child. There are various types of custody. (Please see the definitions of custody terms immediately before this section.) Any custody agreement that is not a Court Order will not be enforced by the Court.
- MYTH:** The mother will always be given custody of a young child.
- REALITY:** All parties are equal before the Court, without regard to gender. The Court determines custody based on what is best for the child(ren). Generally, the Court considers it in a child's best interest to spend significant time with both parents.
- MYTH:** A Court Order for custody cannot be changed.
- REALITY:** A Custody Order may always be changed by the Court or by agreement of the parties. Either parent may file a petition to modify the Order at any time.
- MYTH:** If one parent has primary physical custody of the child, that parent will be able to limit contact with the other parent if they so desire.
- REALITY:** Even if one parent has primary physical custody, the other parent is granted partial physical custody rights, except in unusual circumstances. Although many custodial parents think the non-custodial parent may be denied contact "because he's always drunk and high," or "because she's living with another man," these reasons alone are not enough to stop a parent's right to be with her/his child. A parent's physical custody rights will only be limited if it can be shown that a parent's addiction, tendency to physical violence, emotional instability or other behavior will have a harmful effect on the child. Usually, professional evidence is needed to prove this. The Court may, however, place conditions upon a parent's right to spend time with the child, such as no drinking alcohol during custody time. If the Court has evidence that the non-custodial parent may harm the child or act improperly toward the child, the Court may require supervised visitation.
- MYTH:** A parent who has primary physical custody can move the child and change the child's school district.
- REALITY:** Pennsylvania law says that a parent cannot move a child a distance that will significantly impair the other parent's ability to exercise custody rights without the permission of the other parent or the Court. This applies whether or not you have a Custody Order. Plus, if the parents have an Order granting them shared legal custody, neither parent can change the child's school without the other parent's agreement or permission by the Court.

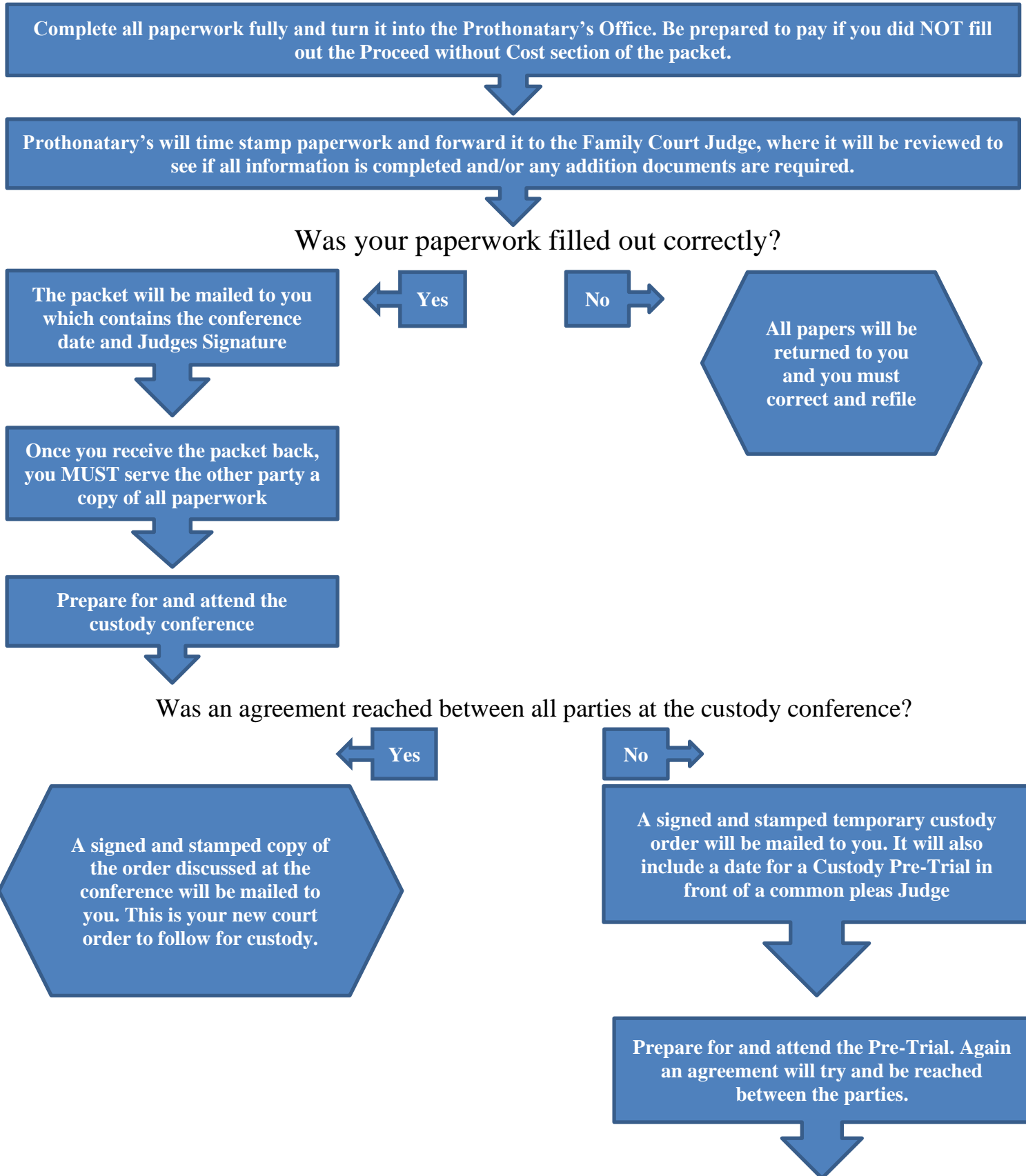
## THE CUSTODY PROCESS

**There are seven steps in the custody process. This packet provides the forms you need and guides you through these steps.**

- Step One:** Read the instructions in this packet.
- Step Two:** Fill out the forms in this packet, and make copies.
- Step Three:** File the forms and copies at the Prothonotary's Office.
- Step Four:** Wait for the copies to be mailed to you with a date for the custody conference.
- Step Five:** Serve the documents on the other party.
- Step Six:** Attend the custody conference.
- Step Seven:** If you do not reach an agreement at the conference, go further in the court system.



# CUSTODY COMPLAINT FLOW CHART



Was an agreement reached between all parties at the Pre-Trial?

Yes

No

You will receive in the mail a signed and stamped Court Order of your new custody agreement.

A signed and stamped Court Order will be mailed to you giving you a date for a Custody Trial. All parties will follow the custody order given at the previous hearing.

Prepare for and attend the Custody Trial. Come prepared to spend a large portion of your day in court.

Afterwards, you will receive a signed and stamped copy of your new Custody Order in the mail.

# **COMPLAINT FOR CUSTODY**

## **PART ONE: INSTRUCTIONS**



*These are the instructions for filling out the forms. The forms are found in Part Two of this packet. You should separate the forms from the instructions now, so you can read the instructions for each form as you fill out that form.*

**1. FIRST FORM – MOTION COVER SHEET**

Complete the caption (heading) by printing your name as the Plaintiff and the other party's name as the Defendant. Use middle initials and print neatly. Leave "Docket No." blank; the court will assign a number to your case. Note: If grandparents or other third parties have physical custody, there will be more than one Defendant, because both parents must always be parties.

Write your name on line 1, and "Complaint for Custody" on line 3. In box 4, put a check in front of "Court Conference." In box 6, write your name and address. Leave the rest of the form blank—this is for the Court to fill out.

**2. SECOND FORM – ORDER AND NOTICE with optional Notice to Incarcerated Defendant**

On the Order and Notice, complete the caption as on the Motion Cover Sheet. Print the Defendant's name on the blank after the word "You." Circle the word "obtain." Circle the type(s) of custody you are seeking. (See the "Custody Terms" section earlier in this packet.) Print the child or children's INITIALS on the second blank after the heading. Do not write the children's names, because that information is confidential and not available to the public. Do not do anything further on this sheet.

If the Defendant is incarcerated, also complete the Notice to Incarcerated Defendant (this form is two pages). On the first page, complete the caption as on the Motion Cover Sheet. Leave the rest of the form blank. Do not do anything on the second page.

**3. THIRD FORM – ENTRY OF APPEARANCE AS SELF-REPRESENTED PARTY**

Complete the caption as on the Motion Cover Sheet. Fill out the blanks in the form, and write the information requested. Skip paragraph 4 if you never had an attorney.

**4. FOURTH FORM – COMPLAINT FOR CUSTODY**

The caption should be completed as on the other forms. The numbers below match the numbers on the Complaint.

1. Print your name, address, and phone number.
2. Print the other party's name, address, and phone number. If there is more than one party, simply add additional phrases such as "Defendant John Doe is the paternal/maternal grandparent."
3. Circle the words which show what type of custody you are asking for. You may circle one type of legal custody and one type of physical custody.

Then list the children you are seeking custody of, by writing their initials only (do not write their names), their ages, where they presently live and check yes or no to indicate whether they were born out of wedlock.

Next, indicate who the children currently live with and that person's address.

In the section asking where the children have lived during the past five years, start with the most recent place, in section (a) list the address, who lives in that home and the dates the children lived there, from the date they first lived there to the present. In section (b) list the next most recent place, etc. back to five years ago.

Finally, provide the information for both parents of the children, as indicated.

4. In this section, describe your relationship with the children (for example, "mother", "father", "grandmother", "aunt", "family friend", etc.).

Then list the people who live with you and their relationship to you.

5. In this section, describe the defendant's relationship with the children (for example, "mother", "father", "grandmother", "aunt", "family friend", etc.).

Then list the people who live with the defendant and their relationship to him or her.

6. Section 6 contains information about any prior or other pending custody actions. Be sure to attach previous Orders.

The first part refers to any prior custody proceedings. Circle "has" or "has not", to indicate whether you have participated as a party or witness or in any other capacity, in other court proceedings concerning the custody of these children. If you have, write the county and docket number of the case on the blank line.

The second part refers to any pending custody proceedings. Circle "has" or "has no" to indicate whether you have information of a pending custody proceeding concerning these children. If you do have such information, write the county and docket number of the case on the blank line.

Finally, the third part refers to any other person who has had custody for a period of time in the past. If someone other than the Plaintiff or Defendant has had custody for a period of six months or more during the recent past, you should circle "knows" and give the name and address of that person on the blank line. **Also include this person's name and address when completing number 8, below.**

7. In this section, write on the blank lines the reasons the court should grant your request for custody.

8. If there is anyone who has custody or claims custody rights who is not named in

your complaint as a defendant, write their name(s) and address(es) on the blank lines, and also indicate the reason they claim to have custody rights. If there is no such person, leave this section blank. You will have to serve anyone named in this section with a copy of the petition and notice of the conference when you receive it.

9. Complete Section 9 only if you are *not a parent*. Choose only one of the subsections and explain why you believe you should be granted the relief you request. Explanations of each subsection are on the next page. Read all of them before choosing one.

Choose **9(a)** if the child has lived with you or currently lives with you and you have acted as a parent to the child for a substantial period of time.

Choose **9(b)** if you are a grandparent and the child does not currently live with you and you want legal custody and/or primary or shared physical custody. You must show your relationship with the child began with the consent of a parent or under a court order, you are willing to assume responsibility for the child, and one of these three things is true: (1) the child has been determined to be “dependent” in a Children & Youth proceeding, (2) the child is substantially at risk due to parental abuse, neglect, drug or alcohol abuse, or incapacity, OR (3) the child lived with you for at least 12 months in a row and the parents took the child from your home less than 6 months ago.

Choose **9(c)** if you are not a grandparent and the child does not currently live with you and you want legal custody and/or primary or shared physical custody. You must show you have assumed or are willing to assume responsibility for the child, you have a sustained, substantial and sincere interest in the welfare of the child, and neither parent has any form of care and control of the child.

Choose **9(d)** if you are a grandparent or great-grandparent and are seeking partial physical custody or supervised physical custody of the child. You must show either (1) a parent of the child is deceased, (2) your relationship with the child began either with the consent of a parent of the child or under a court order and the parents of the child have commenced a proceeding for custody and do not agree as to whether the grandparents or great-grandparents should have custody, or (3) the child has resided with you for a period of at least 12 consecutive months (excluding brief temporary absences of the child from the home) and is removed from the home by the parents; an action must be filed within six months after the removal of the child from the home.

In the “**WHEREFORE**” statement, check the appropriate box stating what type(s) of custody you are asking for (see definitions of terms earlier in this packet).

**Sign the petition and the Verification.** You are subject to penalties if you include false information in the Complaint.

**5. and 6. FIFTH AND SIXTH FORMS – CRIMINAL/ABUSE HISTORY VERIFICATION**

There are two of these forms, one is to be completed by you, the Plaintiff, and the other is to be completed by the Defendant after he or she is served with a copy of this Complaint for Custody paperwork. On both forms, complete the caption as on previous forms. On the first of the two forms, write your name on the first line of the first paragraph. Check any boxes that are appropriate and fill out the required information. Sign, print, and date the final page. **Do not write anything on the other form other than completing the caption.** This is for the other party to fill out and file after you serve it on them.

**7. SEVENTH FORM – CONFIDENTIAL INFORMATION FORM**

This form is three pages long. This is the ONLY PLACE you list the names and birthdates of the children. This form will not be seen by the public.

Fill out the caption like you have done in the other documents. On the line that says “Court,” write “Lycoming County.”

On the third line, write “Complaint for Custody,” where it asks for the title of the pleading, and write the date you are filing the Complaint.

For the rest of the first page, you only need to fill out the first column. You do not need to write anything for “full name of adult.” Just list each child’s initials, name, and date of birth separately, with the dotted line dividing each child’s information. If there are more than two children, use the additional page.

After you have listed each child, sign the form that states, “I certify that this filing complies . . .” Write the date and print the additional information requested under your signature. This means that you promise you have not put the children’s names or birthdates on the forms available to the public.

**8. and 9. EIGHTH AND NINTH FORMS – FORMS TO WAIVE THE FILING FEE**

In order to file a new custody action, there is a fee that must be paid to the Prothonotary. This fee changes from time to time. As of January 1, 2021, it is \$155.00.

If you don’t think you can pay the filing fee, you may ask the Court to waive the cost. You will need to fill out and file two forms, in addition to the documents above. If you can afford to pay the filing fee, you will have to do so. The Court waives this cost only in cases where income is extremely low.

**EIGHTH FORM – ORDER TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS**

Fill in the caption as on the other documents. There is nothing more for you to fill out on this document. If the Court grants the Petition, your custody action can proceed. If not, you will be notified and you will have to pay the costs in order to continue.

**NINTH FORM – PETITION TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS**

Fill out the caption as on the other documents. The rest of the form is quite clear. You are asked to fill in facts about your personal finances. Be sure to include income from all sources, including government benefits like Public Assistance, unemployment compensation, and food stamps. Don't forget money your spouse receives, if you are married; from your parents if they help you; from friends or other family members; or from an Order for child support. Finally, identify all persons who depend on your income for support, including children who live with you. Do not list the children's names—only their initials and age.

**If you do not provide sufficient information for the court to determine whether you are financially eligible to proceed without payment of fees and costs, your petition will be denied.**

Sections 4 and 5 of this Petition are important. Be sure that you read these paragraphs. They require you to inform the Court of any improvement in your financial situation which might permit you to pay some or all of the costs at a later date. When you date and sign the Petition after paragraph 5, you are promising that the information you have filled in is true. There will be consequences if you make false statements.

You have now completed the forms necessary to request the Court to allow you to proceed without paying the costs.

**COPIES**

*After you have completed forms one through seven, clip them together in order, with the Motion Cover Sheet on the front. You will then need to get copies made. You need a copy for yourself, one for the Defendant, and one for each additional Defendant, if there are any. The original will stay at court, in the Prothonotary's office.*

*If you are filing a request to proceed without paying costs, you will need to make one copy of those documents, too (forms eight and nine).*

***You are now ready to file all of the papers with the Prothonotary.***



## **HOW TO FILE THE COMPLAINT**

Take all of your completed forms (including the copies) to the Prothonotary's Office on the first floor of the Lycoming County Courthouse at 48 West Third Street, Williamsport, PA, on any weekday (Monday through Friday) between 8:30 a.m. and 5:00 p.m. Separate the papers into the three groups shown below, and put them in the order shown below. You **MUST** have the groups of documents listed under First Group and Second Group. If you are asking the Court to waive the filing fee, you should also have the documents listed under Third Group.

**1. FIRST GROUP:** (1) Motion Cover Sheet, (2) Order and Notice (include Notice to Incarcerated Defendant if applicable), (3) Entry of Appearance as Self-Represented Party, (4) Complaint for Custody, (5) Completed Criminal/Abuse History Verification, and (6) Blank Criminal/Abuse History Verification

*You will need an original and at least two copies of all these forms.*

**2. SECOND GROUP:** Confidential Information Form (2 pages if there are less than three children, 3 pages if there are three children or more).

*You will need an original and at least two copies of all these forms.*

**3. THIRD GROUP:** If you are asking to have the filing fee waived, you will need: (1) Order to Proceed Without Payment of Fees and Costs, and (2) Petition to Proceed without Payment of Fees and Costs.

*You will need an original and one copy of each of these documents.*



**The Prothonotary will give the case a number and will file stamp all of the documents. The Prothonotary will keep all the forms. The case will be given a date for a Family Court Conference, and then the copies will be mailed back to you.**

**The original documents that you filled out become part of the permanent court record and remain in the Prothonotary's Office. Of the copies that are mailed back to you, keep one copy of each document for yourself.**

**You must then promptly serve one copy of the First Group (see above) and one copy of the Second Group (see above) of documents on the Defendant and any other parties. Go to the next set of instructions to find out how to serve the Defendant. You do not have to serve the Third Group of documents.**

## **HOW TO SERVE THE OTHER PARTY**

Service of the papers is **YOUR** responsibility. **IT IS IMPORTANT TO SERVE THE OTHER PARTY AS SOON AS POSSIBLE.** If you do not serve the other party in time for them to have reasonable notice and opportunity to prepare for the conference, the Court may reschedule the conference for a later date. **You must also serve any person named in Paragraph 8 of the Complaint.**

If you believe the other party will accept the papers by signing a form stating that they received them, you can simply hand them to the other party and have them sign the form. This form must then be filed in the Prothonotary's office within ten (10) days. If not, and you have the funds to do so, you can pay the Sheriff, Constable, or process server to serve the papers for you and to file an Affidavit of Service for you. If neither of these methods is an option for you, you will need to serve by one of the following three methods. You will then need to fill out an Affidavit of Service, and file the Affidavit of Service at the Prothonotary's Office.

### **CERTIFIED MAIL AND REGULAR MAIL:**

To serve by this method, you must send all of the documents stated above by **certified mail, with return receipt requested and restricted delivery AND first class regular mail** to the Defendant's address. "Restricted delivery" means that the return receipt must be signed by the Defendant only. When you send the certified mail, you will be given a "sender's receipt" (a little white receipt). Keep this receipt to include with your proof of service. Also send the defendant a copy of the papers by regular mail. You should mail the documents to the Defendant as soon as possible after you receive them in the mail from the Prothonotary's Office. The Defendant should receive them ***at least ten (10) days before the conference date.***

Once the Defendant has signed the green receipt, indicating that he or she has received the documents, service is complete. You will have proof that service is complete when you receive the return receipt, which may be either the green receipt with the Defendant's signature on it or an electronic receipt. Even if the electronic receipt does not show the defendant's signature, as long as it acknowledges delivery to the defendant consistent with USPS policy, and the first class regular mail is not returned within fifteen (15) days, service will still be complete.

When you receive the return receipt, you must save it. It is to be included with your sender's receipt and attached to the Affidavit of Service.

If the certified mail is **REFUSED** by the Defendant, you will get the original envelope back from the Post Office with a notation that it was refused. If the first class regular mail is not returned within fifteen (15) days, service will be considered complete. You will attach this envelope to your Affidavit of Service.

If the certified mail is returned **UNCLAIMED**, service will need to be made another way, even if the regular mail is not returned.

**PERSONAL SERVICE:**

Anyone who is 18 years of age or older, who is not a party to the action or an employee or relative of a party to the action, may serve the papers. You cannot serve the papers yourself, and you cannot have anyone who is related to you or who works for you, serve the papers.

The person who serves the legal papers on the opposing party must do it in the manner required by law. The person can serve the papers:

- (a) by handing a copy to the other party; or
- (b) by handing a copy to an adult member of the family with whom the other party resides, at the defendant's residence; or
- (c) by handing a copy of the papers to an adult person in charge of the residence at the time (example: babysitter, etc.), at the defendant's residence; or
- (d) by handing a copy of the papers to the clerk or manager of the hotel, inn, apartment house, boarding house, or other place of lodging where the defendant resides; or
- (e) by going to the other party's usual place of business and handing a copy to the other party's agent (one that acts for or representative of) or to the person in charge.

**COMMERCIAL CARRIER AND REGULAR MAIL:**

To serve by this method, you must send all of the documents stated above by **commercial carrier, restricted delivery, with return receipt requested AND first class regular mail** to the Defendant's address. "Restricted delivery" means that the package must be delivered to the Defendant's address only. The return receipt may be an electronic return receipt as long as it details the date of delivery, the delivery address and to whom the package was delivered. Save your sender's receipt to attach to the Affidavit of Service. Also send the defendant a copy of the papers by first class regular mail. You should send the documents to the Defendant as soon as possible after you receive them in the mail from the Prothonotary's Office. The Defendant should receive them *at least ten (10) days before the conference date.*

Service is complete when the return receipt shows the defendant's signature indicating receipt of the commercial carrier's package, or even if the receipt does not show the defendant's signature, as long as it acknowledges delivery to the defendant's address consistent with the commercial carrier's policy, and the regular mail is not returned within fifteen (15) days.

When you receive the return receipt, you must save it. It is to be included with your sender's receipt and both are to be attached to the Affidavit of Service.

If the commercial carrier returns the package indicating that the defendant REFUSED delivery, service will still be considered complete if the regular mail is not returned within fifteen (15) days.

If the commercial carrier returns the package indicating that the package was UNCLAIMED, service will need to be made another way, even if the regular mail is not returned.



**Forms 10 and 11: AFFIDAVITS OF SERVICE:** Unless you pay a Sheriff or Constable to serve the defendant, or the defendant signs an Acceptance of Service form, choose ONE of the two Affidavit of Service forms that follow these instructions. There is one for service by certified mail or commercial carrier and regular mail, and one for personal service. If more than one person is being served, you have to file a separate Affidavit for each one.

The Affidavit of Service should be completed and filed with the Prothonotary within ten (10) days after service is completed. Make a copy for yourself, and bring it to the custody conference.

**TENTH FORM – AFFIDAVIT OF SERVICE BY CERTIFIED MAIL OR COMMERCIAL CARRIER AND REGULAR MAIL** – you will complete

this form yourself.

Fill in the caption.

Fill in the blanks.

Staple your sender's receipt and the green card/return receipt to the Affidavit.

Sign and date at the bottom and make one copy of everything.

File at the Prothonotary's Office within ten (10) days of service. Keep a time-stamped copy for your records.

**ELEVENTH FORM – AFFIDAVIT OF SERVICE BY PERSONAL SERVICE** -

This form is completed by someone else who serves the papers for you, and then you file it with the Prothonotary before the conference.

Fill in the caption.

Fill in the blank spaces.

Check the paragraph that best describes how the papers were served.

Have the person who served the papers sign, date, and write his/her address and telephone number at the bottom.

Make one copy and file at the Prothonotary's Office within ten (10) days of service. Keep a time-stamped copy for your records.

**Form 12: ACCEPTANCE OF SERVICE** Use this form if the other party is willing to sign the form stating that he or she received the papers.

Fill in the caption and the date you filed the Complaint for Custody.

Have the other party sign the form when he or she is handed the papers.

Make one copy and file at the Prothonotary's office within ten (10) days of service. Keep a time-stamped copy for your records.

## **THE FAMILY COURT CUSTODY CONFERENCE**

Your case will be scheduled for a conference with a Family Court Hearing Officer. You must attend the conference. If you do not attend and the other party attends, a Custody Order will be issued anyway. If neither party attends, your petition will be dismissed. Do not bring the children to the conference. Other people may come with you for support, but they won't be able to go into the courtroom where the conference is held.

The Family Court Hearing Officer is an attorney who was appointed by the Court to handle custody cases. In Lycoming County, there are two Hearing Officers.

Before you attend the conference, decide what type of custody schedule you think would work best. Then tell that to the Hearing Officer. The Defendant has the right to attend and tell the Hearing Officer what schedule he/she thinks would be best. Be open to negotiating with the other party. Try to resolve your disputes and reach an agreement. Don't expect to get everything you want.

The Family Court Hearing Officer will listen to both parties and try to work out an agreement. If there is not an agreement, the Family Court Hearing Officer will decide on a temporary order, and will tell both parties what the order will say. The order will be mailed to both parties. The Family Court Hearing Officer will schedule a pre-trial conference in front of a judge. The Hearing Officer may also make a referral for a Guardian Ad Litem.

The Family Court Hearing Officer will mail the Order, confirmed by a Judge's signature, to you and to the Defendant. That Order will be a final Order if you and the Defendant reached an agreement. If you did not reach an agreement, it will be a temporary order, giving you a custody schedule until you reach an agreement at the pre-trial conference or have a custody trial.

**YOU MUST FOLLOW THIS ORDER UNTIL IT IS CHANGED.** Even if you decide to take some further action, as described below, **YOU MUST FOLLOW THE ORDER.** A person who intentionally violates the Order can be found in contempt of court. It is also a criminal offense in Pennsylvania to take a child in violation of a Court Order.

If you strongly disagree with the Family Court Hearing Officer's Order, you may file a Petition for Special Relief to try to change it before you attend the pre-trial conference. A separate hearing before the judge will be scheduled on such a petition. You must act as soon as you receive papers from the Hearing Officer. You may also want to consult an attorney, who can discuss with you the possibility of further proceedings before a Judge.

# Getting Ready

**To prepare for the Custody Conference, think about your answers to these questions:**

- A. How long have you and the other parent lived separately?**
- Since separation who has the child lived with primarily?
  - When does the other parent see the child?
- B. While you and the other parent lived together, who was primarily responsible for the care of the child?**
- Did you both share pretty much equally in the child's care?
- C. If the child primarily lives with you, does the other parent have the child regularly?**
- Have you been cooperative in arranging for the child to be with the other parent?
- D. If the child primarily lives with the other parent, do you have the child regularly?**
- If not, why not?
  - Has the other parent denied you contact with the child?
- E. Does either parent have a history of alcoholism, drug abuse, violent crime, suicide attempts?**
- If so, have these problems affected the child, or might they affect the child or the parent-child relationship in the future?
- F. Does either parent have a history of abuse of the child or an extremely difficult relationship with the child?**
- G. Does either parent do things to interfere with the child's relationship with the other parent?**
- H. What custody schedule do you suggest? Why?**

**IN ANY SITUATION WHERE PARENTS DO NOT LIVE TOGETHER, THEY HAVE SPECIAL RESPONSIBILITIES TO THEIR CHILD. PLEASE FOLLOW THESE GUIDELINES:**



**DO:**

1. Develop a plan to permit the child to have a regular schedule of time with each parent. If you have a Custody Order, follow that Order and give the other parent extra time when appropriate.
2. Spend time with your child regularly, so the child doesn't feel rejected or abandoned. Be sure your child has a specific place that is his/her own, and room for toys and clothes.
3. Allow the child to call the other parent while he/she is spending time with you.
4. Be sure the other parent always has your current address and phone number
5. Have the child ready on time to be picked up by the other parent, and be on time when you pick up the child. Call the other parent immediately if an emergency keeps you from arriving on time.
6. Encourage your child to respect the other parent.
7. Put your child's interest first. Control your negative feelings toward the other parent, so that the two of you can discuss problems and information about the child without fighting.

**DON'T**

1. Do not cancel your plans with your child, except in an emergency. If you must cancel, be sure to let your child know why it is necessary.
2. Do not make promises to your child that you suspect you will not be able to keep.
3. Do not pump your child for information about the other parent.
4. Do not expect the other parent to do parenting tasks exactly the same as you would.
5. Do not use the child to carry messages to the other parent.
6. Do not talk with the child about child support disagreements.
7. Do not argue with the other parent or call the other parent names when the child is present.
8. Do not make derogatory comments, call names, or discuss negative aspects of the other parent at any time when the child would hear you.
9. Do not ask the child where he/she wants to live, or put the child in a position where he/she must take sides.
10. Do not use the child as a way to hurt the other parent.



# Protecting Confidential Information - Here's How

A certification shall accompany each filing in accordance with the policy. A court or custodian is not required to review any filed document for compliance with this policy. Failure to comply may lead to imposed sanctions.

## Confidential Information

Unless required by applicable authority, the following information 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
3. Driver License Numbers
4. State identification (SID) Numbers
5. Minors’ Names and Dates of Birth except when a minor is charged as defendant in a criminal matter (see 42 Pa.C.S. §6355)
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

## Confidential Documents

Unless required by applicable authority, the following documents shall be filed with a court or custodian with the “Confidential Document Form.”

1. Financial Source Documents
2. Minors’ Educational Records
3. Medical/Psychological Records
4. Children and Youth Services’ Records
5. Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.C.P. No. 1920.33
6. Income and Expense Statement as provided in Pa.R.C.P. No. 1910.27(c)
7. Agreements between the Parties as used in 23 Pa.C.S. §3105

These requirements do not apply to case types (e.g. juvenile, adoption) that are sealed or exempted from public access pursuant to applicable authority.

For forms and more information, reference the *Case Records Public Access Policy Of The Unified Judicial System Of Pennsylvania* at the website below.



**Please visit: <http://www.pacourts.us/public-records/public-records-policies>**

# **COMPLAINT FOR CUSTODY**

## **PART TWO: FORMS**

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

	:	Docket No:
Plaintiff	:	
vs.	:	Case Assigned to Judge
	:	<input type="checkbox"/> None
	:	<input type="checkbox"/> Family Court Hearing Officer
Defendant	:	

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

<p>4. The following is/are requested:</p> <p><input type="checkbox"/> Argument</p> <p><input type="checkbox"/> Evidentiary Hearing</p> <p><input type="checkbox"/> Court Conference</p> <p><input type="checkbox"/> Rule to Show Cause</p> <p><input type="checkbox"/> Entry of Uncontested Order (attach supporting documentation)</p> <p><input type="checkbox"/> Expedited Consideration. State the basis: _____</p> <p><input type="checkbox"/> Video conferencing requested. Request form has been submitted. See Lyc. Co. R.G.C.B. L8.</p> <p><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>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Continued on a Separate Sheet.</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**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.

**LYCOMING COUNTY COURT OF COMMON PLEAS**

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

**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**

You are ordered to appear in person as directed on the Motion Cover Sheet. 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. A blank form is included for that purpose.

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</b>  <b>100 South Street, P.O. Box 186</b>  <b>Harrisburg, PA 17108-0186</b>  <b>(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</b>  <b>25 West Third Street, Suite 400</b>  <b>Williamsport, PA 17701</b>  <b>(570) 323-8741</b></p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.**



**LYCOMING COUNTY COURT OF COMMON PLEAS**

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

**NOTICE TO INCARCERATED DEFENDANT**

You have the right to petition the court to participate in the proceeding which has been scheduled in this matter.

If you wish to participate, you must complete the enclosed Request for Video Conference and return it to Family Court at 48 West Third Street, Williamsport, PA 17701 as soon as possible so arrangements may be made for you to participate by video.

*Note: If you are released from incarceration after making a request for video conference and are therefore able to attend the conference in person, please contact Family Court ahead of time so the arrangements with your place of incarceration may be cancelled.*

**Instructions for completing the form:**

- 1) Write the docket number assigned to the case. This may be found in the upper right-hand corner of this notice.
- 2) Write your name and inmate number.
- 3) Write the name of the place where you are incarcerated.
- 4) If you have an attorney to represent you in the custody proceeding, write the attorney's name here. If you are incarcerated while awaiting the disposition of charges, also write the name of the attorney representing you on those charges on the line in the cc list at the bottom of the page.
- 5) This blank is already filled in.

Write the date and time of the conference on the next blank line. This information can be found on the first page of the paperwork you received, the Motion Cover Sheet.

Write the courtroom number on the next blank line. This can be found in the same place.

**DO NOT WRITE ANYTHING ELSE ON THIS FORM.**

Mail the completed form to:

Family Court  
Lycoming County Courthouse  
48 West Third Street  
Williamsport, PA 17701

**REQUEST FOR VIDEO CONFERENCE**

This form should be completed by an incarcerated party who wishes to participate in a Family Court proceeding by video conference.

**PLEASE RETURN THIS FORM TO THE LYCOMING COUNTY FAMILY COURT OFFICE.  
48 WEST THIRD STREET, WILLIAMSPORT, PA 17701**

- 1) Docket #: \_\_\_\_\_
- 2) Name of Inmate and Inmate #: \_\_\_\_\_
- 3) Place of Confinement: \_\_\_\_\_
- 4) Inmate's Attorney (if any): \_\_\_\_\_
- 5) Type of Hearing: \_\_\_\_\_ Custody Conference

  - Date and Time of Conference \_\_\_\_\_
  - Courtroom \_\_\_\_\_

---

DO NOT WRITE BELOW THIS LINE (FOR COURTS USE ONLY)

- Request Approved
- Request Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Cc: Court Scheduling Technician  
Information Services  
Public Defender/Private Counsel \_\_\_\_\_

**Confirmation #** \_\_\_\_\_

LYCOMING COUNTY COURT OF COMMON PLEAS

\_\_\_\_\_, : Docket No:
Plaintiff :
vs. :
\_\_\_\_\_, :
Defendant :

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.

IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA

_____	:	NO. _____
Plaintiff	:	
vs.	:	CIVIL ACTION – LAW
	:	CUSTODY
_____	:	
Defendant	:	

**COMPLAINT FOR CUSTODY**

1. The Plaintiff is \_\_\_\_\_, residing at

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

Plaintiff's phone number is \_\_\_\_\_.

2. The Defendant is \_\_\_\_\_, residing at

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

Defendant's phone number is \_\_\_\_\_.

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):

**IDENTIFY EACH CHILD BY INITIALS ONLY- DO NOT WRITE THE NAME**

Initials	Age	Present Residence	Was the child born out of wedlock?	
_____	_____	_____	____yes	____no
_____	_____	_____	____yes	____no
_____	_____	_____	____yes	____no
_____	_____	_____	____yes	____no

The children are presently in the custody of \_\_\_\_\_(name)  
who resides at \_\_\_\_\_(address).

During the past five years, the child(ren) has/have resided with the following persons at the following addresses:

Address	persons in that home	dates of residence
a) _____ _____	_____	_____ to _____
b) _____ _____	_____	_____ to _____
c) _____ _____	_____	_____ to _____

A parent of the child(ren) is \_\_\_\_\_ currently residing at \_\_\_\_\_  
\_\_\_\_\_. This parent is (married) (divorced) (single).

A parent of the child(ren) is \_\_\_\_\_ currently residing at \_\_\_\_\_  
\_\_\_\_\_. This parent is (married) (divorced) (single).

4. Plaintiff's relationship to the children is that of \_\_\_\_\_. Plaintiff  
currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

5. Defendant's relationship to the children 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(ren) in this or another court. If yes, the county and docket number is: \_\_\_\_\_.

Plaintiff (has) (has no) information of a custody proceeding concerning the child(ren) pending in a court of this Commonwealth or any other state. If yes, the county and docket number is: \_\_\_\_\_.

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

7. The child(ren)'s best interest and permanent welfare will be served by granting the relief requested because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

8. Each parent whose parental rights to the child have not been terminated and the person who has physical custody of the child(ren) 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(ren) will be given notice of the pendency of this action and the right to intervene:

Name	Address	Basis of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. Section 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. Section 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. Sections 5324(4) & (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 23 Pa.C.S. Section 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(ren).

\_\_\_\_\_  
Signature

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



\_\_\_\_\_,  
**Plaintiff**

vs.

\_\_\_\_\_,  
**Defendant**

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

**PLAINTIFF'S  
 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
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<b><u>18 Pa.C.S. § 2701 (relating to simple assault)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<b><u>18 Pa.C.S. § 2705 (relating to recklessly endangering another person)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<b><u>18 Pa.C.S. § 2718 (relating to strangulation)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<input type="checkbox"/>	<b><u>18 Pa.C.S. § 2904 (relating to interference with custody of children)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	<b><u>18 Pa.C.S. Ch. 30 (relating to human trafficking)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>
<input type="checkbox"/>	<b><u>18 Pa.C.S. § 5533 (relating to cruelty to animal)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>

- |                          |                                                                                                                           |                          |                          |       |       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <b><u>18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)</u></b>                                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b><u>18 Pa.C.S. § 5543 (relating to animal fighting)</u></b>                                                             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b><u>18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)</u></b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 5902(b) <b><u>or (b)(1)</u></b> (relating to prostitution and related offenses)                              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 5903(c) or (d) (relating to obscene and other sexual materials and performances)                             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6301 (relating to corruption of minors)                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6312 (relating to sexual abuse of children)                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6318 (relating to unlawful contact with minor)                                                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6320 (relating to sexual exploitation of children)                                                           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)                                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Driving under the influence of drugs or alcohol                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <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, or involvement with a Children & Youth agency, including the following:

Check all that apply		Self	Other household member	Date
<input type="checkbox"/>	A 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"/>	_____
<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"/>	_____
<input type="checkbox"/>	Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<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 record/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

<b>Plaintiff</b>									
vs.									
<b>Defendant</b>									

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

**DEFENDANT'S  
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
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<b><u>18 Pa.C.S. § 2701 (relating to simple assault)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<b><u>18 Pa.C.S. § 2705 (relating to recklessly endangering another person)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<b><u>18 Pa.C.S. § 2718 (relating to strangulation)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<input type="checkbox"/>	18 Pa.C.S. § 2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<b><u>18 Pa.C.S. § 2904 (relating to interference with custody of children)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>_____</b>	<b>_____</b>
<input type="checkbox"/>	18 Pa.C.S. § 2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<b><u>18 Pa.C.S. Ch. 30 (relating to human trafficking)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>_____</b>	<b>_____</b>
<input type="checkbox"/>	18 Pa.C.S. § 3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<b><u>18 Pa.C.S. § 5533 (relating to cruelty to animal)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>_____</b>	<b>_____</b>

- |                          |                                                                                                                           |                          |                          |       |       |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <b><u>18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)</u></b>                                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b><u>18 Pa.C.S. § 5543 (relating to animal fighting)</u></b>                                                             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b><u>18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)</u></b>                                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 5902(b) <b><u>or (b)(1)</u></b> (relating to prostitution and related offenses)                              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 5903(c) or (d)<br>(relating to obscene and other sexual materials and performances)                          | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6301 (relating to corruption of minors)                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6312 (relating to sexual abuse of children)                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6318 (relating to unlawful contact with minor)                                                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6320 (relating to sexual exploitation of children)                                                           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)                                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Driving under the influence of drugs or alcohol                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <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, or involvement with a Children & Youth agency, including the following:

Check all that apply	Self	Other household member	Date
<input type="checkbox"/> A 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"/>	_____
<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"/>	_____
<input type="checkbox"/> Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<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 record/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



**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>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>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>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 _</p> <p>Alternative Reference: FAN _</p> <p>Alternative Reference: DLN _</p> <p>Alternative Reference: SID _</p>
<p>And date of birth: _____</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>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 _</p> <p>Alternative Reference: FAN _</p> <p>Alternative Reference: DLN _</p> <p>Alternative Reference: SID _</p>
<p>And date of birth _____</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
	:	
	:	NO.
Defendant	:	

**ORDER TO PROCEED WITHOUT  
PAYMENT OF FEES AND COSTS**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon consideration of the within Petition, it is hereby ordered that the Plaintiff shall/shall not be permitted to proceed in this matter without payment of fees and costs.

BY THE COURT,

\_\_\_\_\_

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

**PETITION TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS**

1. I am a party in the above matter and because of my financial condition I am unable to pay the fees and costs of prosecuting or defending the action or proceeding.
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:

**(a) Name:** \_\_\_\_\_

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

**(b) Employment**

If you are presently employed, state

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

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

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

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

If you are presently unemployed, state

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

Salary or Wages per month: \_\_\_\_\_

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

**(c) 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: \_\_\_\_\_  
Workers' compensation: \_\_\_\_\_  
Public assistance: \_\_\_\_\_  
Other: \_\_\_\_\_

**(d) Other contributions to household support**

Do you have a spouse? \_\_\_\_\_  
Name of your spouse: \_\_\_\_\_  
If your spouse is employed, state  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Salary or wages per month: \_\_\_\_\_  
Type of work: \_\_\_\_\_  
  
Contributions from children: \_\_\_\_\_  
  
Contributions from parents: \_\_\_\_\_  
  
Other contributions: \_\_\_\_\_

**(e) Property owned**

Cash: \_\_\_\_\_  
Checking account: \_\_\_\_\_  
Savings account: \_\_\_\_\_  
Certificates of deposit: \_\_\_\_\_  
Real estate (including home): \_\_\_\_\_  
Motor vehicle: \_\_\_\_\_  
Make \_\_\_\_\_ Year \_\_\_\_\_  
Cost \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Stocks and bonds: \_\_\_\_\_

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

**(f) Debts and obligations**

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

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

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

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

\_\_\_\_\_

**(g) Persons dependent upon you for support**

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

Children

List INITIALS of each child. Initials: \_\_\_\_\_

List ages of children (no birthdates). Ages: \_\_\_\_\_

Other persons who depend on you for support

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

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

4. 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.

5. 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.

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

Signature of Petitioner: \_\_\_\_\_

Print Name Here: \_\_\_\_\_





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

**AFFIDAVIT OF SERVICE BY COMMERCIAL CARRIER AND REGULAR MAIL**

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

\_\_\_\_\_  
 (other 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 delivery, 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 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, Complaint for Custody, completed Criminal  
 Record/Abuse History Verification, a blank Criminal Record/Abuse History Verification,  
 and the Confidential Information Form upon \_\_\_\_\_ by:  
 (other 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: \_\_\_\_\_

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

**ACCEPTANCE OF SERVICE**

\_\_\_\_\_ I accept service of the Motion Cover Sheet, Notice and Order, Complaint for Custody, completed Criminal Record/Abuse History Verification, a blank Criminal Record/Abuse History Verification, and the Confidential Information Form filed on \_\_\_\_\_(date).

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

\_\_\_\_\_ signature