



**LYCOMING COUNTY
CONTEMPT OF
CUSTODY ORDER
SELF-HELP KIT
Forms**

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.

CONTEMPT OF CUSTODY ORDER

Sometimes problems arise when you have a Custody Order. The other party may be violating the Order and you want to have that addressed.

Contempt is a very serious matter. However, it is usually best for everyone if the parties resolve the problem without going to court. You may be able to fix it by talking to the other party.

THE LYCOMING COUNTY COURT REQUIRES THAT YOU TRY TO RESOLVE CONTEMPT MATTERS BEFORE GOING TO COURT. You must do this unless you would be harmed by trying to resolve the matter first. You must do this *in writing (email or text is O.K.)*.

When the other party has an attorney, you must contact the attorney. When the other party does not have an attorney, you must notify the other party directly.

The notice must state how the other party is violating the order and must warn them that you will file for contempt if the problem is not fixed. This packet contains a letter you can use.

After you notify the other party or their attorney, you must give him/her time to correct the problem before you file a petition for contempt. **You cannot send the letter to the other party and then file for contempt before the other party has a chance to fix the problem.**

If the other party does not correct the problem and/or assure you they will follow the Order in the future, and/or give you additional time to make up for any lost custody time, then you may file a Contempt Petition to get the matter before the court.

The court will reject your Petition if you do not follow these steps. If you do have a hearing on the contempt, be ready to tell the Judge exactly what you did to try to solve the problem on your own.



THE CONTEMPT OF CUSTODY PROCESS

There are seven steps in the contempt of 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: Try to resolve the issue out of court in writing. If that does not work, go on to the next steps.

Step Three: Fill out the forms in this packet, and make copies.

Step Four: File the forms and copies at the Prothonotary's Office.

Step Five: Wait for the copies to be mailed to you with a date for the contempt hearing.

Step Six: Serve the papers on the other party.

Step Seven: Attend the hearing and make your case.

CONTEMPT OF CUSTODY ORDER

PART ONE: INSTRUCTIONS

1. FIRST FORM – MOTION COVER SHEET

Complete the caption (heading) by using THE SAME CAPTION AS IN YOUR CUSTODY ORDER. Your caption will never change. The same person who is listed as the Plaintiff in your Custody Order must be the Plaintiff in this action. The same person listed as Defendant in your Custody Order must be the Defendant in this action. You should also use the same case number that appears on your Custody Order

Write your name on line 1, and “Petition for Contempt” on line 3. In box 4, put a check in front of “Evidentiary Hearing.” In box 6, write your name and address. Leave the rest of the form blank.

2. SECOND FORM – ORDER AND NOTICE

Complete the caption as on your custody order. Leave the rest of the form blank.

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

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

4. FOURTH FORM – PETITION FOR CIVIL CONTEMPT FOR DISOBEDIENCE OF A CUSTODY OR VISITATION ORDER

Complete the caption as on your custody order.

For paragraph 1, you are the Petitioner because you are filing this petition. Check whether you are the plaintiff or defendant in the caption. Fill out your name, address, and phone number.

For paragraph 2, the other party is the Respondent. Check whether the other party is the plaintiff or defendant in the caption. Fill out the other party’s name, address, and phone number.

For paragraph 3, write the date of the custody order and the name of the judge who entered the order. Then check the type of custody you were granted in the order. Then write the initials and ages of the children addressed in the custody order. Do not write their names or birthdates, as that is confidential information not available to the public.

For paragraph 4, write how the other party has violated the order.

For paragraph 5, check the appropriate statement. If you tried to resolve the matter, check the first statement. If you did not try to resolve the matter because doing so would harm or prejudice you, check that statement.

At the end of the form, fill in the date and your signature.

5. FIFTH FORM – CERTIFICATION OF ATTEMPT TO RESOLVE CONTEMPT

This is where you tell the court what you have done to try to resolve the matter outside of court.

If you contacted the other party or the other party’s attorney, check the line after (a). Check whether or not the party is represented, and who you wrote to about the contempt. Check the box that describes the response, and fill in the lines with the information requested.

If you did not contact the other party or the other party’s attorney, check the line after (b), and explain why.

Read the paragraph starting, “I verify.” Write the date and sign your name

The third page of this form (labeled Exhibit B p. 3) is a letter you can use to send to the other party. If you choose to use it, fill out all the information requested, and make a copy of the letter before you send it to the other party. Include the copy of the letter with your petition for contempt. Send the letter certified mail (see directions later).

6. SIXTH FORM – COMPLETED CRIMINAL/ABUSE HISTORY VERIFICATION

Complete the caption as on previous 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.

7. SEVENTH FORM – BLANK CRIMINAL/ABUSE HISTORY VERIFICATION

Complete the caption as on previous forms. Leave the rest of the form blank. This is for the other party to fill out and file after you serve it on them.

8. EIGHTH DOCUMENT – A COPY OF YOUR CURRENT ORDER

You MUST include a copy of the order that is being violated. You may get a copy at the Prothonotary’s Office if you do not have one. You will be charged \$.50 per page.

9. NINTH 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 “Contempt of Custody,” where it asks for the title of the pleading, and write the date you are filing the petition.

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.

10. AND 11. TENTH AND ELEVENTH FORMS – FORMS TO WAIVE THE FILING FEE

In order to file a contempt petition, there is a fee that must be paid to the Prothonotary. This fee changes from time to time. As of January 1, 2018, it is \$25.75.

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.

TENTH 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 contempt action can proceed. If not, you will be notified and you will have to pay the costs in order to continue.

ELEVENTH 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 ages.

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.

COPIES

After you have completed forms one through nine, 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 other party, and one for each additional party, if there are any. The original will stay at court, in the Prothonotary's office. Remember, you need a copy of your current custody order to attach. If you do not have a copy, you can get one from 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 nine and ten).

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



HOW TO FILE THE PETITION FOR CONTEMPT

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, 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, (3) Entry of Appearance as Self-Represented Party, (4) Petition for Contempt, (5) Certification of Attempt to Resolve Conflict, (6) A Copy of Your Custody Order, (7) Completed Criminal/Abuse History Verification, and (8) 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 file stamp all the documents and will keep all the forms, including the copies. The case will be given a date for a hearing in front of a Judge, 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 other party and any other parties. Go to the next set of instructions to find out how to serve the other party.

HOW TO SERVE THE OTHER PARTY

It is not enough to simply talk to the other party about the contempt action or the hearing date. You must give the other party legal notice that you have filed for contempt. This kind of notice is called “service.”

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 an opportunity to prepare for the hearing, the Court may reschedule the hearing for a later date.

If 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. Otherwise, you will need to serve by one of the following two 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 regular mail** to the other party’s address. “Restricted delivery” means that the return receipt must be signed by the other party only.

When you go to the post office, someone at the window can give you the forms to send the certified mail. The cost **MUST** be paid at that time. 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 other party a copy of the papers by regular mail.

You should mail the documents to the other party as soon as possible after you receive them in the mail from the Prothonotary’s Office. The other party should receive them ***at least ten (10) days before the hearing date.***

Once the other party 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 green receipt with the other party’s signature on it. When you receive that green receipt, you must save it. It is to be included with your original receipt and attached to the Affidavit of Service.

If the certified mail is **REFUSED** by the other party, you will get a notice from the Post Office saying it was refused. If the regular mail is not returned within fifteen (15) days, service may be considered complete. If mail is returned **UNCLAIMED**, service will need to be made another way.

PERSONAL SERVICE:

You can have a person 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, serve the papers. Therefore, if you are the person filing the petition, you should not serve the papers yourself, and you should not 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; or
- (c) by handing a copy of the papers to an adult person in charge of the residence at the time (example: babysitter, etc.); or
- (d) by going to the opposing party's usual place of business and handing a copy to the opposing party's agent (one that acts for or representative of) or to the person in charge.

12 and 13: AFFIDAVITS OF SERVICE: Choose ONE of the two Affidavit of Service forms that follow these instructions. There is one for service by certified mail and regular mail, and one for personal service. You have to fill out and file one of these forms with the Prothonotary after you serve the other party, unless you pay a Sheriff or Constable to do it for you. If you are serving more than one person, you have to complete and file a separate Affidavit for each one.

The Affidavit of Service should be completed and filed with the Prothonotary as soon as service is completed. Make a copy for yourself, and bring it to the hearing.

TWELFTH FORM – AFFIDAVIT OF SERVICE BY CERTIFIED MAIL AND REGULAR MAIL

- Fill in the caption.
- Fill in the blanks.
- Staple your sender's receipt (the white receipt) and the green card you got back in the mail to the Affidavit.
- Sign and date at the bottom and make one copy of everything.
- File at the Prothonotary's Office before the conference and keep a time-stamped copy for your records.

THIRTEENTH 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 before the conference. Keep a time-stamped copy for your records.

CONTEMPT OF CUSTODY ORDER

PART TWO: FORMS

 Plaintiff
 vs.

 Defendant

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

NOTICE AND ORDER TO APPEAR

Legal proceedings have been brought against you alleging that you have willfully disobeyed an Order of Court for custody.

If you wish to defend against the claim set forth in the following pages, you may but are not required to file in writing with the Court your defenses or objections.

Whether or not you file in writing with the court your defenses or objections, you must appear in person in court on the _____ day of _____, 20____, at _____ o'clock ____ .M., in Courtroom No. _____, Lycoming County Courthouse, 48 West Third Street, Williamsport, Pennsylvania.

IF YOU DO NOT APPEAR IN PERSON, THE COURT MAY ISSUE A WARRANT FOR YOUR ARREST.

If the Court finds that you have willfully failed to comply with its Order, you may be found to be in contempt of court and committed to jail, fined, or both.

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 OFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

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

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

**PETITION FOR CIVIL CONTEMPT FOR DISOBEDIENCE OF A
 CUSTODY OR VISITATION ORDER**

Petitioner respectfully represents:

1. The Petitioner is the Plaintiff/Defendant, whose name, address, and phone number is
 (circle one)

 (your name, address, and phone number)

2. The Respondent is the Plaintiff/Defendant, whose name, address, and phone number
 (circle one)

is _____.
 (other party's name, address, and phone number)

3. On _____, Judge _____, entered an Order awarding
 (date) (Judge name)

Petitioner (shared legal custody) (sole legal custody) (partial physical custody)

(primary physical custody) (shared physical custody) (sole physical custody) (supervised

visitation) of the minor child(ren): **IDENTIFY EACH CHILD BY INITIALS**

ONLY—DO NOT WRITE THE NAME OR BIRTH DATE

INITIALS OF CHILD

CHILD'S AGE

_____	_____
_____	_____
_____	_____
_____	_____

A copy of the Order is attached hereto as Exhibit A.

4. The Respondent has willfully failed to abide by that order in that (describe contempt)

5. Pursuant to Local Rule L1915.12: (check one)

_____ Petitioner has attempted to resolve this matter without resort to the Court.

_____ Petitioner has special circumstances which would cause harm or prejudice to Petitioner if Petitioner attempted to resolve the matter without going to Court.

These efforts and/or circumstances are described in a Certification attached as
“Exhibit B.”

6. I have attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P.
No. 1915.302.

WHEREFORE, Petitioner requests that Respondent be held in contempt of court.

I verify that the statements made in this Petition for Contempt 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: _____

Your Signature: _____

Check either (a) or (b):

(a) _____ The opposing party is/is not represented by an attorney.
(circle one)

I wrote the attorney/opposing party about the conduct which I believe to be
(circle one)
Contempt of the Order. I warned the attorney/opposing party in writing that a
(circle one)
Contempt Petition would be filed unless steps were offered to correct the
contempt.

The checked paragraph indicates the result of my contact:

- The opposing party/attorney has refused to offer any corrective action.
(circle one)
- The opposing party/attorney offered the following corrective action:

(state the offer)

But the offer did not resolve the contempt because:

(state why this would not resolve the action)

- Corrective steps were offered by the opposing party/attorney but they were not followed through within a reasonable period of time.

(b) _____ Due to special circumstances: _____
(list special circumstances)

An attempt to resolve the matter without filing a Petition for Contempt is likely to cause harm or prejudice to me. The reason(s) this would cause me serious harm or prejudice is/are: _____

I verify that the statements in the foregoing 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

Pro Se Petitioner

Exhibit B p. 3

(your address)

Date: _____

(address of the attorney for the opposing party.) (If the opposing party does not have an attorney, insert the opposing party's address.)

RE: Filing for Contempt of Court
Case Caption and No. _____

Dear _____:
(attorney/opposing party)

Please be advised that the Custody Order in the above matter has been violated and/or continues to be violated by _____ (opposing party). _____ (opposing party) has willfully disobeyed the Court Order as follows:

_____.

You are warned and advised that failure to offer sufficient corrective steps in a timely manner will result in my filing a Petition for Contempt of Court without further notice to you.

Please contact me upon receipt of this letter to advise me of your intentions. Thank you for your attention to this matter.

Sincerely,

(your name, address, and phone number)

_____ Sent by Certified Mail/Return Receipt Requested

		: IN THE COURT OF COMMON PLEAS
Plaintiff		: LYCOMING COUNTY, PENNSYLVANIA
		:
vs.		: CIVIL ACTION - LAW
		: CUSTODY
		:
		:
Defendant		: 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"/>	<u>18 Pa.C.S. § 2701 (relating to simple assault)</u>	<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"/>	<u>18 Pa.C.S. § 2705 (relating to recklessly endangering another person)</u>	<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"/>	<u>18 Pa.C.S. § 2718 (relating to strangulation)</u>	<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"/>	<u>18 Pa.C.S. § 2904 (relating to interference with custody of children)</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<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"/>	<u>18 Pa.C.S. Ch. 30 (relating to human trafficking)</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<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"/>	<u>18 Pa.C.S. § 5533 (relating to cruelty to animal)</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<u>18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<u>18 Pa.C.S. § 5543 (relating to animal fighting)</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<u>18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5902(b) or (b)(1) (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

_____,
Plaintiff

vs.

_____,
Defendant

: **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"/>	<u>18 Pa.C.S. § 2701 (relating to simple assault)</u>	<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"/>	<u>18 Pa.C.S. § 2705 (relating to recklessly endangering another person)</u>	<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"/>	<u>18 Pa.C.S. § 2718 (relating to strangulation)</u>	<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"/>	<u>18 Pa.C.S. § 2904 (relating to interference with custody of children)</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<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"/>	<u>18 Pa.C.S. Ch. 30 (relating to human trafficking)</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<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"/> | <u>18 Pa.C.S. § 5533 (relating to cruelty to animal)</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. § 5543 (relating to animal fighting)</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 5902(b) or (b)(1) (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

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

*Public Access Policy of the Unified Judicial System of Pennsylvania:
Case Records of the Appellate and Trial Courts
204 Pa. Code § 213.81*

www.pacourts.us/public-records

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____.

Pursuant to the *Public Access Policy of the Unified Judicial System of Pennsylvania : Case Records of the Appellate and Trial Courts*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information	References in Filing:
<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>

**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>_____</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
	:	
	:	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 Petitioner shall/shall not be permitted to proceed in this matter without payment of fees and costs.

BY THE COURT,

J.

_____	:	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: _____

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

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 Contempt, Certification of Attempt to
 Resolve Conflict, copy of Custody Order, completed Criminal Record/Abuse History Verification,
 blank Criminal Record/Abuse History Verification, and 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: _____