



**LYCOMING COUNTY  
INTERVENTION IN A  
CUSTODY CASE  
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.*

## **INTERVENTION IN A CUSTODY CASE**

Normally a custody case involves just the two parents of the child(ren). But sometimes a person who is *not* a parent may want to have some type of custody. The right to be involved in the case, and ask for custody, is called having “standing.”

If there is already a custody order between the parents and you want to have some type of custody of the child(ren), you must do two things:

1. First, you must file a Petition to Intervene and Modify. By doing this, you ask a judge for permission to participate in the custody case. The judge will determine whether you have “standing.”

There are very strict rules about who else can be included in a custody case, and it depends on what type of custody you are asking for. If you are a grandparent or a great-grandparent, you have a greater chance of being granted standing.

If you are not a grandparent or great-grandparent, you will have to show that you are *in loco parentis*. This means that you have acted toward the child(ren) “in the place of a parent.” You will have to show that you performed the duties of a parent for a substantial period of time, and that you did this with the permission of the parents.

2. Second, if you are granted standing, you will then have to go through the regular custody process to obtain some type of custody.



## **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.

## Rules for Standing

*If you are not a parent of the child(ren), you can only file for custody if A, B, C, or D applies to you.  
(More than one of these letters can apply.)*

- A. Anyone can file for any type of custody if he/she is in loco parentis to the child(ren).**  
*In loco parentis* means the child(ren) lives or lived with you and you have acted as the child(ren)'s parent for a substantial period of time.
- B. Anyone can file for any type of custody if all four of these things are true:**
1. Neither parent has any form of care and control of the child(ren).  
**AND**
  2. You have assumed responsibility for the child(ren), or you are willing to assume responsibility for the child(ren).  
**AND**
  3. You have a sustained, substantial and sincere interest in the welfare of the child(ren).  
**AND**
  4. There is no current dependency proceeding or order of permanent legal custody for the child(ren).  
[Through Children and Youth.]
- C. If you are a Grandparent and you want:**  
*Legal custody* (decision-making power)  
and/or  
*Substantial physical custody* (Child(ren) live with you primarily or you have the child(ren) at least half the time.)

**Then you will need to show all three of these things are true:**

1. Your relationship with the child(ren) began with the consent of a parent of the child(ren) or under a court order.  
**AND**
2. You are willing to assume responsibility for the child(ren).  
**AND**
3. One of the following three things is true:
  - (a) The child(ren) have been determined to be dependent under 42 PA.C.S.Ch. 63 (Children and Youth).  
**OR**
  - (b) The child(ren) are substantially at risk due to parental abuse, neglect, drug or alcohol abuse or incapacity.  
**OR**
  - (c) The child(ren) lived with you for at least 12 months in a row, except for brief absences of the child(ren) from your home **AND** the parents took the child(ren) from your home less than six months ago.

- D. If you are a *Grandparent or Great-Grandparent* and you want:**  
*Partial Physical Custody* (Child(ren) live primarily with parent but spend time with you.)  
and/or  
*Supervised Physical Custody*: (Your time with the child(ren) is monitored by someone.)

**Then you will need to show *one* of these three things is true:**

1. A parent of the child is deceased and you are the parent or grandparent of the deceased parent.

**OR**

2. *All three* of these things are true:

Your relationship with the child(ren) began with the consent of a parent or a court order.

**AND**

The parents of the child(ren) have started a proceeding for custody.

**AND**

The parents do not agree as to whether the grandparents or great-grandparents should have partial physical custody or supervised visitation.

**OR**

3. *Both* of these things are true:

The child(ren) lived with you for at least 12 months in a row, except for brief absences of the child(ren) from your home.

**AND**

The parents took the child(ren) from your home less than six months ago.

## THE INTERVENTION PROCESS

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

- Step One:** Read the instructions in this packet and fill out the forms
- Step Two:** File the forms and copies at the Prothonotary's Office.
- Step Three:** Wait for the copies to be mailed to you with a date for the hearing.
- Step Four:** Serve the other parties with notice of the hearing.
- Step Five:** Attend the hearing and make your case. If the Judge lets you intervene, you will be scheduled for a custody conference.
- Step Six:** Participate in the custody conference and if you do not reach an agreement, go further in the court system.

# **INTERVENTION IN A CUSTODY CASE**

## **PART ONE: INSTRUCTIONS**

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

Complete the caption (heading) by using THE SAME CAPTION AS IN THE CURRENT CUSTODY ORDER. The same person who is listed as the Plaintiff in the custody case must be the Plaintiff in this action. The same person listed as Defendant in the custody case must be the Defendant in this action. You should also use the same case number that appears on the Custody Order

If you do not have a copy of the current custody order, you will need to get a copy at the Prothonotary's Office. You will be charged \$.50 per page.

Write your name on line 1, and "Petition to Intervene and Modify" 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 the existing Custody Order. Write the other parties' names on the line after the word "You." Circle the word "Modify" and circle the type(s) of custody in the existing order. 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.

### **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 TO INTERVENE AND MODIFY**

Complete the caption as on the custody case. The following numbers below match the numbers on the Petition.

1. Write your name, your relationship to the child, and your address.
2. Write the name of the Plaintiff, the Plaintiff's relationship to the children, and the address of the Plaintiff.
3. Write the name of the Defendant, the Defendant's relationship to the children, and the address of the Defendant.
4. Write the initials and ages of the children addressed in the custody order. Do not write their names or birthdates, because that is confidential information not available to the public.
5. Check the box to show you are attaching a copy of the Custody Order. If you do not have a copy, you will need to get one at the Prothonotary's Office. You will be charged \$.50 per page.
6. Write the reason the Custody Order should be changed.
7. Write what you want the new Custody Order to say.
8. Check at least one of the boxes labeled A, B, C or D that applies to you. If more than one applies, check all that apply.



**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 Intervenor, and the other is to be completed by the opposing party. On both forms, complete the caption as on previous forms. Then, choose the form that applies to you as Intervenor, 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 DOCUMENT – A COPY OF THE CURRENT CUSTODY ORDER**

You MUST include a copy of the current custody order for the child(ren). You may get a copy at the Prothonotary’s Office if you do not have one. You will be charged \$.50 per page.

**8. EIGHTH 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 “Petition to Intervene and Modify,” 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.

**9. and 10. NINTH AND TENTH FORMS – FORMS TO WAIVE THE FILING FEE**

In order to file this 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.

**NINTH 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.

**TENTH 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 eight, 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, and one copy for each of the other parties. The original will stay at court, in the Prothonotary's office. Remember, you need a copy of the current custody order to attach. If you do not have a copy, you can get one from the Prothonotary's Office. You will be charged \$.50 per page.*

*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 TO INTERVENE AND MODIFY**

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 to Intervene and Modify, (5) A Copy of Your Custody Order, (6) Completed Criminal/Abuse History Verification, and (7) Blank Criminal/Abuse History Verification for the other parties

*You will need an original and at least three 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 three 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 parties. Go to the next set of instructions to find out how to serve the other parties.**

## **HOW TO SERVE THE OTHER PARTIES**

It is not enough to simply talk to the other parties about the hearing. You must give the other parties legal notice that you have filed to intervene and modify the Custody Order. This kind of notice is called “service.”

Service of the papers is **YOUR** responsibility. **IT IS IMPORTANT TO SERVE THE OTHER PARTIES AS SOON AS POSSIBLE.** If you do not serve the other parties 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 parties’ 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 parties as soon as possible after you receive them in the mail from the Prothonotary’s Office. The other parties should receive them ***at least ten (10) days before the hearing date.***

Once the other parties have signed the green receipt, indicating that they 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 parties; or
- (b) by handing a copy to an adult member of the family with whom the other parties reside; 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 parties' usual place of business and handing a copy to the opposing parties' agent (one that acts for or representative of) or to the person in charge.

**11 and 12: 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.

**ELEVENTH 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.

**TWELTH 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.

**PETITION TO INTERVENE  
AND MODIFY A CUSTODY ORDER**

**PART TWO: FORMS**

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

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

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

<p>4. The following is/are requested:</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 style="text-align: right;">_____ Continued on a Separate Sheet.</p>
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**ORDER**

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

_____	_____
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.

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

**ORDER AND NOTICE**

You, \_\_\_\_\_, (non-filing party), have been sued in Court to (obtain/modify)(shared legal custody)(sole legal custody)(partial physical custody)(primary physical custody) (shared physical custody)(sole physical custody)(supervised physical custody) of the child(ren): IDENTIFY EACH CHILD BY INITIALS ONLY— DO NOT WRITE THE NAME

If you fail to appear at the scheduled hearing/conference, an order for custody, partial custody, or visitation may be entered against you, or the Court may issue a warrant for your arrest.

You must file with the Court a verification regarding any criminal record or abuse history regarding you and anyone living in your household on or before the initial in-person contact with the Court (including, but not limited to, a conference with a conference officer or judge or conciliation), but not later than 30 days after service of the Complaint or Petition.

No party may make a change in the residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all of the applicable provisions of 23 Pa. C.S. §5337 and Pa. R.C.P. No. 1915.17, regarding relocation.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE ONE OF THE OFFICES SET FORTH BELOW. THESE OFFICES CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THESE OFFICES MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.**

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

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

<p><b>AMERICANS WITH DISABILITIES ACT OF 1990</b></p> <p><b>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.</b></p>
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_____		: 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

**PETITION TO INTERVENE AND MODIFY**

1. I, \_\_\_\_\_ am not a party to this custody action, but I am requesting  
 (write your name)

permission to intervene. My relation to the children is \_\_\_\_\_

I live at \_\_\_\_\_

2. The Plaintiff in this action is \_\_\_\_\_.

He/She is the \_\_\_\_\_ of the child(ren). He/she currently resides at

\_\_\_\_\_

3. The Defendant in this action is \_\_\_\_\_.

He/She is the \_\_\_\_\_ of the child(ren). He/she currently resides at

\_\_\_\_\_

4. The child(ren) involved in this case are: LIST CHILDREN BY INITIALS AND AGE ONLY—

DO NOT USE NAMES OR BIRTH DATES.

INITIALS

AGE

_____	_____
_____	_____
_____	_____
_____	_____



8. I have standing to file for custody of the child(ren) because:

**A.**  I am a person who stands “in loco parentis” to the child(ren); I have acted as a parent to the child(ren) for the time period of \_\_\_\_\_.

**OR**

**B.**  Neither parent has any form of care and control of the child(ren)

**AND** I have assumed or am willing to assume responsibility for the child(ren).

**AND** I have a sustained, substantial and sincere interest in the welfare of the child(ren).

**AND** there is no current dependency proceeding or order of permanent legal custody for the child(ren) (through Children and Youth).

**OR**

**C.**  I am a grandparent who wants substantial physical custody and/or legal custody

**AND** my relationship with the child(ren) began with the consent of a parent of the child(ren) or under a court order.

**AND** I am willing to assume responsibility for the child(ren)

**AND** the child(ren) has/have (check which of the following applies to the child(ren)):

been determined to be dependent under 42 PA.C.S.Ch. 63 (Children & Youth).

**OR**

are at risk due to parental abuse, neglect, drug or alcohol abuse or incapacity.

**OR**

lived with me for at least 12 consecutive months, except for brief temporary absences of the child(ren) from my home **AND** the child(ren) were removed from my home by the parents less than six months ago.

**OR**

**D.**  I am a grandparent or great-grandparent who wants partial physical or supervised visitation

**AND** (check which of the following applies to you):

A parent of the child(ren) is deceased and the I am the parent or grandparent of that deceased parent.

**OR**

The child(ren) have resided with me for a period of at least 12 consecutive months, except for brief temporary absences **AND** the child(ren) were removed from my home by the parents less than six months ago.

**OR**

My relationship with the child(ren) began with the consent of a parent or court order **AND** the parents have started proceedings for custody **AND** the parents do not agree as to whether the grandparents or great-grandparents should have partial physical custody /supervised visitation.

WHEREFORE, Petitioner respectfully requests the Court to grant me permission to intervene and enter an order in my favor.

I verify that the statements made in the Petition to Intervene are true and correct, and I understand that false statements made herein are subject to penalties under 18 Pa. § 4904, regarding unsworn falsification to authorities.

\_\_\_\_\_  
\_\_\_\_\_  
Date

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

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

vs.

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

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

**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	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

endangering welfare of children)

- |                          |   |                          |                          |       |       |
|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <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"/> | _____ | _____ |
| <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

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

vs.

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

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

**PLAINTIFF OR 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	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

death of child)

- |                          |   |                          |                          |              |              |
|--------------------------|---|--------------------------|--------------------------|--------------|--------------|
| <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"/> | <b>_____</b> | <b>_____</b> |
| <input type="checkbox"/> | <b><u>18 Pa.C.S. § 5543 (relating to animal fighting)</u></b>   | <input type="checkbox"/> | <input type="checkbox"/> | <b>_____</b> | <b>_____</b> |
| <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"/> | <b>_____</b> | <b>_____</b> |
| <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

**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>

**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>(full name of minor)</p> <p>And date of birth: _____</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p> <p>Driver's License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</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>(full name of minor)</p> <p>And date of birth _____</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p> <p>Driver's License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</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**

**THIS FORM IS CONFIDENTIAL**

**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 to Intervene and Modify, a copy of the 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: \_\_\_\_\_