

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

CERTIFICATION OF ATTEMPT TO RESOLVE CONTEMPT

Exhibit B p. 1

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.

Exhibit B p. 2

(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

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

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

I, _____ (Plaintiff), hereby swear or affirm, subject to penalties of law including 18 Pa. C.S. §4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa. C.S. §6307 to any of the following crimes in Pennsylvania, or a substantially equivalent crime in any other jurisdiction, including pending charges:

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

Check all that apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea or Pending Charges	Sentence
	18 Pa. C.S. §2903 (relating to false imprisonment)				
	18 Pa. C.S. §2910 (relating to luring a child into a motor vehicle or structure)				
	18 Pa. C.S. §3121 (relating to rape)				
	18 Pa. C.S. §3122.1 (relating to statutory sexual assault)				
	18 Pa. C.S. §3123 (relating to involuntary deviate sexual assault)				
	18 Pa. C.S. §3124.1 (relating to sexual assault)				
	18 Pa. C.S. §3125 (relating to aggravated indecent assault)				
	18 Pa. C.S. §3126 (relating to indecent assault)				
	18 Pa. C.S. §3127 (relating to indecent exposure)				
	18 Pa. C.S. §3129 (relating to sexual intercourse with animal)				
	18 Pa. C.S. §3130 (relating to conduct relating to sex offenders)				
	18 Pa. C.S. §3301 (relating to arson and related offenses)				
	18 Pa. C.S. §4302 (relating to incest)				
	18 Pa. C.S. §4303 (relating to concealing death of a child)				
	18 Pa. C.S. §4304 (relating to endangering welfare of children)				
	18 Pa. C.S. §4305 (relating to dealing in infant children)				
	18 Pa. C.S. §5902(b) (relating to prostitution and related offenses)				
	18 Pa. C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances)				

Check all that apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea or Pending Charges	Sentence
	18 Pa. C.S. §6301 (relating to corruption of minors)				
	18 Pa. C.S. §6312 (relating to sexual abuse of children)				
	18 Pa. C.S. §6318 relating to unlawful contact with minor)				
	18 Pa. C.S. §6320 (relating to sexual exploitation of children)				
	18 Pa. C.S. §6114 (relating to contempt for violation of protection order or agreement)				
	Driving under the influence of drugs or alcohol				
	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device				

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

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

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

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth, and relationship to the child.

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain:

I verify that the information above is true and correct to the best of my knowledge, information, or belief. I understand that false statements herein are made subject to penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Signature

Printed Name

Date

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

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

I, _____ (Defendant), hereby swear or affirm, subject to penalties of law including 18 Pa. C.S. §4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa. C.S. §6307 to any of the following crimes in Pennsylvania, or a substantially equivalent crime in any other jurisdiction, including pending charges:

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

Check all that apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea or Pending Charges	Sentence
	18 Pa. C.S. §2903 (relating to false imprisonment)				
	18 Pa. C.S. §2910 (relating to luring a child into a motor vehicle or structure)				
	18 Pa. C.S. §3121 (relating to rape)				
	18 Pa. C.S. §3122.1 (relating to statutory sexual assault)				
	18 Pa. C.S. §3123 (relating to involuntary deviate sexual assault)				
	18 Pa. C.S. §3124.1 (relating to sexual assault)				
	18 Pa. C.S. §3125 (relating to aggravated indecent assault)				
	18 Pa. C.S. §3126 (relating to indecent assault)				
	18 Pa. C.S. §3127 (relating to indecent exposure)				
	18 Pa. C.S. §3129 (relating to sexual intercourse with animal)				
	18 Pa. C.S. §3130 (relating to conduct relating to sex offenders)				
	18 Pa. C.S. §3301 (relating to arson and related offenses)				
	18 Pa. C.S. §4302 (relating to incest)				
	18 Pa. C.S. §4303 (relating to concealing death of a child)				
	18 Pa. C.S. §4304 (relating to endangering welfare of children)				
	18 Pa. C.S. §4305 (relating to dealing in infant children)				
	18 Pa. C.S. §5902(b) (relating to prostitution and related offenses)				
	18 Pa. C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances)				

Check all that apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea or Pending Charges	Sentence
	18 Pa. C.S. §6301 (relating to corruption of minors)				
	18 Pa. C.S. §6312 (relating to sexual abuse of children)				
	18 Pa. C.S. §6318 relating to unlawful contact with minor)				
	18 Pa. C.S. §6320 (relating to sexual exploitation of children)				
	18 Pa. C.S. §6114 (relating to contempt for violation of protection order or agreement)				
	Driving under the influence of drugs or alcohol				
	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device				

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

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

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

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth, and relationship to the child.

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain:

I verify that the information above is true and correct to the best of my knowledge, information, or belief. I understand that false statements herein are made subject to penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Signature

Printed Name

Date

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

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

www.pacourts.us/public-records

(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>_____</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>_____</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

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

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL AND REGULAR MAIL

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

(other parent/party's name and address)

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

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

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

Date: _____ Petitioner's Signature: _____

_____ : IN THE COURT OF COMMON PLEAS OF
 Plaintiff : LYCOMING COUNTY, PENNSYLVANIA
 :
 vs. : 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: _____