

# *County of Susquehanna*

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Courts' Self-Help Pro Se – Packets

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## **MODIFICATION OF A CUSTODY ORDER**

This packet is to be used to modify a Susquehanna County custody order.

If you do not have an existing custody case in Susquehanna County, and you wish to obtain a custody order, please use the Obtaining a Custody Order packet.

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### **DISCLAIMER**

Court and Prothonotary's Office staff are not able to give you legal advice or help you fill out/complete these forms. The information in this packet is not a substitute for professional legal advice. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. Even if you fully complete and submit these forms, this does not mean that the court will decide the case in your favor. If you want to obtain the services of an attorney but do not know whom to contact, please call North Penn Legal Services (570) 265-6127. A list of Attorneys Practicing in Susquehanna County Available for Consultation can be obtained by inquiring with the Prothonotary.

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## GENERAL INFORMATION

### A. Introduction

1. This packet of information has been created by members of the Susquehanna County Court. These materials are intended to assist individuals involved in a custody action by providing general information and legal forms. **IT IS HIGHLY RECOMMENDED THAT YOU HIRE AN ATTORNEY TO REPRESENT YOU IN ANY CUSTODY ACTION.** The information provided herein is not legal advice and is not to be used as a substitute for professional legal advice.

### B. Legal Definitions

1. **Custody** means the legal right to keep, control, guard, care for and preserve a child and includes the terms “legal custody,” “physical custody,” and “shared custody.”
2. **Legal Custody** is the right to make major decisions on behalf of the child, including, but not limited to, medical, religious and educational decisions.
  - i. **Sole Legal Custody:** The right of one individual to exclusive legal custody of the child.
  - ii. **Shared Legal Custody:** The right of more than one individual to legal custody of the child.
3. **Physical Custody** is the actual physical possession and control of a child. When a person has physical custody of the children, regardless if they have legal custody, they can make decisions regarding the child’s health in an emergency situation. There are different types of physical custody schedules, including:
  - i. **Primary Physical Custody:** The right to assume physical custody of the child for the majority of the time. Child(ren) live with one party for the majority of the time.
  - ii. **Shared Physical Custody:** 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. Child(ren) live with each party for an equal or substantially equal amount of time.
  - iii. **Partial Physical Custody:** The right to assume physical custody of the child for less than a majority of the time. Child(ren) live with one party some of the time but not the majority of the time. A common example is when one party has the children every other weekend from Friday to Sunday, and occasionally one day during the week that they do not receive the child(ren) on the weekend.
  - iv. **Sole Physical Custody:** The right of one individual to exclusive physical custody of the child.
  - v. **[Visitation]:** Pennsylvania no longer uses the term Visitation. Partial Physical Custody, defined above, is equivalent to Visitation as defined in some states.

- vi. **Supervised Physical Custody:** 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.
4. **Relocation:** A change in a residence of the child which significantly impairs the ability of a non-relocating party to exercise custodial rights.
5. Further information about the preceding legal definitions and about custody law may be found in the statutes that govern custody, Title 23 Pa. Consolidated Statutes Sections 5321 to 5340 (23 Pa.C.S. §§ 5321 – 40)(<http://www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&ttl=23>), and in the Pennsylvania Rules of Civil Procedure, Pa.R.C.P. 1915.1 – 1915.25 (<https://www.pacode.com/secure/data/231/chapter1915/chap1915toc.html>)

### C. Custody Factors

1. In ordering any form of custody, the Court shall determine the best interest of the child by considering all relevant factors, giving weighted consideration to those factors which affect the safety of the child, including:
  - i. Which party is more likely to encourage and permit frequent and continuing contact between the child and another party.
  - ii. The present and past abuse committed by a party or member of the party's household, whether there is a continued risk of harm to the child or an abused party and which party can better provide adequate physical safeguards and supervision of the child, and the information set forth in 23 Pa.C.S. § 5329.1.
  - iii. The parental duties performed by each party on behalf of the child.
  - iv. The need for stability and continuity in the child's education, family life and community life.
  - v. The availability of extended family.
  - vi. The child's sibling relationships.
  - vii. The well-reasoned preference of the child, based on the child's maturity and judgment.
  - viii. The attempts of a parent to turn the child against the other parent, except in cases of domestic violence where reasonable safety measures are necessary to protect the child from harm.
  - ix. Which party is more likely to maintain a loving, stable, consistent and nurturing relationship with the child adequate for the child's emotional needs.
  - x. Which party is more likely to attend to the daily physical, emotional, developmental, educational and special needs of the child.
  - xi. The proximity of residences of the parties.
  - xii. Each party's availability to care for the child or ability to make appropriate child-care arrangements.
  - xiii. The level of conflict between the parties and the willingness and ability of the parties to cooperate with one another. A party's effort to protect a child from abuse by another party is not evidence of unwillingness or inability to cooperate with that party.

3. **PARAGRAPH 2**
  - i. Check the box indicating that this is a custody case.
4. **PARAGRAPH 3**
  - i. Check the box next to "a" to indicate that you are representing yourself in this custody case.
5. **PARAGRAPH 4**
  - i. State your name, address, and telephone numbers in the spaces provided, or an alternate address and phone number where you may be served by mail and contacted by telephone.
6. **PARAGRAPH 5**
  - i. Sign and date the ENTRY OF APPEARANCE.
7. **CERTIFICATE OF COMPLIANCE (Form #1):** Fill in the caption of the Certificate of Compliance. Then sign and date the Certificate of Compliance. This document is to be attached to the back of the Entry of Appearance. File the completed Entry of Appearance, with the Certificate of Compliance attached to the back, with the Prothonotary.
8. The ENTRY OF APPEARANCE must be filed in the Prothonotary's Office and you must file a new form every time your address or telephone number changes.

D. **Instructions** for completing the ORDER OF COURT FOR PETITION FOR MODIFICATION – Form #4. The ORDER OF COURT FOR PETITION FOR MODIFICATION has blank spaces and boxes for you to fill in the appropriate information or select an option. Below is a step by step guide for completing the ORDER OF COURT.

1. **CAPTION**
  - i. This should appear exactly as the caption looks on the original Custody Complaint or the current Custody Order. Remember, if you were the Plaintiff or Defendant when you originally went to Court you still remain the Plaintiff or Defendant.
  - ii. Print the name of the Plaintiff(s), the Defendant(s), and the case number of the existing Order.
2. **RESPONDENT'S NAME**
  - i. On the first blank provided, print the name of the Respondent. The respondent is the name of the person (either the Plaintiff or Defendant in the original action) who you want to be required to respond to your request to modify the current Custody Order.
3. **COURT ORDERED DATE**

- i. On the second blank provided, write the date on which the existing Court Order was entered.

**4. LIST NAME AND ADDRESS OF ALL CHILD(REN)**

- i. On the spaces provided list the name(s) of all child(ren) involved in the existing Court Order and their addresses.

**DO NOT FILL IN ANYTHING FURTHER.**

**THE COURT WILL FILL IN THE DATE, TIME AND PLACE FOR THE CUSTODY CONFERENCE AND THE COURT WILL INDICATE WHETHER THE CHILD(REN) ARE REQUIRED TO ATTEND THE CONFERENCE.**

**AFTER THE COURT FILLS IN THE DATE, TIME AND PLACE FOR THE CUSTODY CONFERENCE, THE ORDER WILL BE SENT DOWN TO THE PROTHONOTARY.**

**ONCE THE PROTHONOTARY RECEIVES THE COURT ORDER, YOU MUST PICK UP COPIES OF THE ORDER AND SERVE THE "ORDER OF COURT FOR PETITION FOR MODIFICATION," YOUR "ENTRY OF APPEARANCE," YOUR "PETITION TO MODIFY CUSTODY", YOUR "PETITIONER'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION," AND BLANK "RESPONDENT'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION" ON ALL OTHER PARTIES. NEITHER THE COURT NOR THE PROTHONOTARY WILL SERVE THESE DOCUMENTS FOR YOU. ALTHOUGH THE PROTHONOTARY MAY MAIL A COPY OF THE ORDER TO THE PARTIES, THIS IS NOT SERVICE!**

**PLEASE FOLLOW THE INSTRUCTIONS REGARDING SERVICE IN THIS SECTION.**

**IF YOU DO NOT SERVE THESE DOCUMENTS, OR IF YOU DO NOT SERVE THESE DOCUMENTS CORRECTLY, THEN YOUR CASE MAY BE DELAYED OR EVEN DISMISSED.**

- E. **Instructions** for completing the PETITION TO MODIFY CUSTODY – Form #5. The PETITION TO MODIFY CUSTODY has blank spaces and boxes for you to fill in the appropriate information or select an option. Below is a step-by-step guide for completing the PETITION.

1. **CAPTION**

- i. Print the names of the Plaintiff(s), the Defendant(s), and the case number. This should appear exactly as the caption looks on the current ORDER OF COURT.

2. **EMERGENCY ORDER REQUESTED**

- i. If you believe the circumstances in your case require the Court's immediate attention, please check "Yes" in the box provided.

- ii. Check "Yes" ONLY if you have an emergency situation which requires an immediate Court Order AND which can not wait until a normally scheduled conference – usually held in about three weeks. Check "Yes" ONLY in the most extreme situations such as when the other parent is threatening to leave the area with the child and permanently hide the child from the Court or the other parent.
  - iii. Please also complete PARAGRAPH 6 Request for Emergency Order (see instructions below).
  - iv. Check "No" if this is NOT an emergency situation. Do NOT complete PARAGRAPH 6 if you checked "No." Threatening to prevent a regularly scheduled weekend visit, for example, should not be considered an emergency situation, but should instead be considered a valid basis for a Petition for Contempt. See the Enforcing a Custody Order Packet if you need to file a Petition for Contempt.
3. **PARAGRAPH 1: YOUR NAME and ADDRESS**
- i. Print your name and your current address. If you have a separate mailing address, include that information as well.
4. **PARAGRAPH 2: THE RESPONDENT'S NAME AND ADDRESS**
- i. Print the name of the respondent and indicate by checking the appropriate box if he/she is the mother, father, or has another relationship with the child(ren). Include his/her current address. If the respondent has a separate mailing address, include that information as well.
5. **PARAGRAPH 3: INFORMATION REGARDING THE CHILD(REN)**
- i. Indicate by checking the appropriate box if you are the mother, father or have another relationship with the child(ren). Also print the initials of the child(ren), and their year of birth.
6. **PARAGRAPH 4: ORDER OF COURT**
- i. Write the date of the current Court Order. Also, indicate by circling the appropriate language what type(s) of custody you were granted by the Order. Please be sure that a copy of the current Order is attached. Please ensure that the Child's full name and date of birth is not included on the current Order. You should white out this confidential information and write in the Child's initials and year of birth.
7. **PARAGRAPH 5: REASON FOR CHANGE**
- i. In the space provided, explain to the Court the reason you are seeking a change in the current custody schedule.
8. **PARAGRAPH 6: REQUEST FOR EMERGENCY ORDER**
- i. Complete this section only if you have checked "Yes" to Emergency Order Requested on Page 1 of Form #3. Describe in detail the emergency situation which needs the Court's immediate attention. Be sure to

complete PARAGRAPH 7 with Emergency Contact Information for all parties.

**9. PARAGRAPH 7: EMERGENCY CONTACT INFORMATION**

- i. Please include Emergency Contact Information for both the Plaintiff and the Defendant(s).

**10. PARAGRAPH 8**

- i. Attach the completed Petitioner's Criminal Record / Abuse History Verification form to the Petition.

**11. FOR THESE REASONS**

- i. In the space provided, indicate what new custody schedule you are requesting the Court to order.

**12. VERIFICATION**

- i. Read carefully, and then date and sign the form.

**CERTIFICATE OF COMPLIANCE (Form #1):** Fill in the caption of the Certificate of Compliance. Then sign and date the Certificate of Compliance. This document is filled out and attached to the back of the Petition to Modify Custody File the completed Petition to Modify Custody, with the Certificate of Compliance attached, with the Prothonotary.

**F. Instructions for completing the PETITIONER'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION – Form #6.**

**1. CAPTION**

- i. Print the names of the Plaintiff(s), the Defendant(s), and the case number. This should appear exactly as the caption looks on the current ORDER OF COURT.

**2. BELOW THE CAPTION**

- i. Print your name again in the blank below the caption.

**3. PARAGRAPH 1**

- i. If you or any member of your household has 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 listed crimes, check the box next to the listed crime, check the correct box indicating if you or a member of your household, state the date of conviction, guilty plea, no contest plea or pending charges, and indicate the sentence.

**4. PARAGRAPH 2**



- i. If you or any member of your household has a history of violent or abusive conduct, check all that apply, check the correct box indicating if you or a member of your household, and state the date.

**5. PARAGRAPH 3**

- i. List any evaluation, counseling or other treatment received following conviction or finding of abuse.

**6. PARAGRAPH 4**

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

**7. PARAGRAPHS 5, 6, 7, and 8**

- i. 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.
- ii. If the child/children involved with this custody case have been the subject of an indicated or founded report of child abuse, and/or if a party or a member of a party's household has been identified as a perpetrator in an indicated or founded report of child abuse, please explain.
- iii. If a party or a member of a party's household has been provided services by children & youth services, child protective services, or general protective services, please explain.
- iv. If you aware of any pending investigations of abuse, please explain.

**8. VERIFICATION**

- ii. Read carefully, and then sign, date and complete the form.

- 9. CERTIFICATE OF COMPLIANCE (Form #1):** Fill in the caption of the Certificate of Compliance. Then sign and date the Certificate of Compliance. This document is filled out and attached to the back of Plaintiff's Criminal Record/Abuse History Verification. File the completed Plaintiff's Criminal Record/Abuse History Verification, with the Certificate of Compliance attached to the back, with the Prothonotary.

**G. Instructions for completing the RESPONDENT'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION – Form #6.**

**1. CAPTION**

- i. Print the names of the Plaintiff(s), the Defendant(s), and the case number. This should appear exactly as the caption looks on the current ORDER OF COURT.

**2. DO NOT COMPLETE ANY OTHER PART OF THIS FORM**

- i. You will be serving the blank RESPONDENT'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION on the Respondent, see below.

H. **Instructions** for making copies, creating envelopes and filing with the Prothonotary.

1. **After completing the ENTRY OF APPEARANCE, the ORDER OF COURT, the PETITION TO MODIFY CUSTODY, and the PETITIONER'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION, copies must be made:**
  - i. CONFIDENTIAL INFORMATION FORM: No copies should be made
  - ii. ENTRY OF APPEARANCE: make one copy of the ENTRY OF APPEARANCE for each party in the case. If you are the Petitioner and there is only one Respondent, for example, make two copies.
  - iii. ORDER OF COURT: make one copy of the ORDER OF COURT for each party in the case.
  - iv. PETITION: make one copy of the PETITION for each party in the case.
  - v. PETITIONER'S VERIFICATION: make one copy of the PETITIONER'S VERIFICATION for each party in the case
  
2. **You must also make a SELF ADDRESSED STAMPED ENVELOPE for yourself and one for each other party in the case at their respective addresses in order for the Prothonotary to mail to you and the other party(ies) the ORDER OF COURT after the Judge signs it.**
  - i. For each party in the case, make up one envelope. Put a first class stamp on each envelope and the mailing address of the party. Do NOT seal the envelopes. The Prothonotary will use these envelopes to mail the ORDER OF COURT to you and the other party(ies).
  
3. **File the CONFIDENTIAL INFORMATION FORM, ENTRY OF APPEARANCE, the ORDER OF COURT, the PETITION TO MODIFY CUSTODY, the PETITIONER'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION, and the ENVELOPES with the Prothonotary. Pay the proper FILING FEE.**
  - i. Call the Prothonotary at (570) 278-4600 for the proper FILING FEE.
  - ii. File the Original of the CONFIDENTIAL INFORMATION FORM.
  - iii. File the Original and ALL Copies of the ENTRY OF APPEARANCE. The Prothonotary will keep the Original and give you back all of the Copies at this time.
  - iv. File the Original and ALL Copies of the ORDER OF COURT.
  - v. File the Original and ALL Copies of the PETITION and PETITIONER'S VERIFICATION. The Prothonotary will keep the Originals and give you back all of the Copies at this time.
  - vi. File the ENVELOPES that you made.
  
4. **After you have filed your documents with the Prothonotary, you must wait until the Prothonotary gets the signed ORDER OF COURT back from the Judge.**

- i. Pick up the signed copies of the ORDER OF COURT in the Prothonotary's Office after the Judge signs the Order and it is sent back to the Prothonotary.
  - ii. You may call the Prothonotary at (570) 278-4600 to find out if the Prothonotary has received the Order back from the Judge.
5. **A copy of the ENTRY OF APPEARANCE, the PETITION TO MODIFY CUSTODY, the PETITIONER'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION, and a copy of the signed ORDER OF COURT must then be served on each other party. Instructions on serving these documents are below.**
  - I. **Instructions** for serving the ENTRY OF APPEARANCE, ORDER OF COURT, PETITION TO MODIFY CUSTODY, PETITIONER'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION, and blank RESPONDENT'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION.
    1. **How do you SERVE documents (i.e. give them to the other parties)?**
      - i. You will need to have all parties served with a copy of ALL papers that you filed with the Prothonotary's Office, including the ENTRY OF APPEARANCE, ORDER OF COURT, PETITION TO MODIFY CUSTODY, and PETITIONER'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION. You must also serve a blank RESPONDENT'S CRIMINAL RECORD / ABUSE HISTORY VERIFICATION on all parties. You must prove the other person received these papers. You may use any method in this packet, but you must be able to provide the Court with the correct documentation regarding the method you used.
      - ii. **ATTENTION: YOU MUST SERVE ALL THE DOCUMENTS IN THIS CASE EXCEPT FOR THE CONFIDENTIAL INFORMATION FORM.** Neither the Court nor the Prothonotary's Office will serve any documents for you. Although the Prothonotary may mail a copy of the Order to the parties, this is not service!
      - iii. If you come to court and cannot prove to the Judge that you properly served all documents in your case, then the Judge may not be able to give you a Custody Order. This is because the other party in this case has a right to know that you have filed for modification of custody and that you are asking the Court for a Custody Order.
    2. **What Methods of Service are available?**
      - i. Certified Mail, restricted delivery, return receipt requested (Use Form #8)
      - ii. Personal Service, by Sheriff, Constable, or other person over the age of 18 years (THIS OTHER PERSON OVER THE AGE OF 18 YEARS CANNOT BE YOU), (Use Form #9).
      - iii. Personal Service, by you handing the party(ies) a copy of ALL papers: **HOWEVER**, this is only considered proper and valid service if the other

party or parties cooperate by signing an ACCEPTANCE OF SERVICE (Form #10) as set forth below. If they will not cooperate and will not sign the ACCEPTANCE OF SERVICE, then you must use one of the previous two methods of service set forth above.

**3. What type of Documentation should be completed?**

- i. If you serve the other party(ies) by Certified Mail, restricted delivery, return receipt requested, then complete the AFFIDAVIT OF SERVICE (CERTIFIED MAIL) (Form #8) for each party and attach the Certified Mail Receipt (which is green in color) and file this form with the Prothonotary's Office.
- ii. If a Sheriff, Constable or other person over the age of 18 (OTHER THAN YOU) hands the papers to the other party(ies), then complete the AFFIDAVIT OF SERVICE (BY THIRD PARTY) (Form #9) for each party and file this form with the Prothonotary's Office. This form requires the signature of the third party.
- iii. If you hand the papers to the other party(ies), then complete the top part of the ACCEPTANCE OF SERVICE (Form #10) and have the other party(ies) sign and date the form. File this form with the Prothonotary's Office. This form requires the signature of the other party(ies). If the other party(ies) refuses to sign, then you must use another method of service such as Certified Mail or Service by a third party.
- iv. **CERTIFICATE OF COMPLIANCE (FORM #1)**: Fill in the caption of the Certificate of Compliance. Then sign and date the Certificate of Compliance. This document is to be attached to the back of the Certificate of Service. File the Certificate of Service with the Certificate of Compliance attached to the back with the Prothonotary.

## CHECKLIST FOR MODIFICATION OF A CUSTODY ORDER

This checklist is provided for you to chart your progress. The checklist is arranged in chronological order. Please refer to the checklist as you complete the materials in this packet.

- \_\_\_\_\_ Read through the packet. Read instructions several times before starting.
- \_\_\_\_\_ CERTIFICATE OF COMPLIANCE completed as per instructions  
**This must be filed with EVERY filing, even if the filing does not contain confidential information.**
- \_\_\_\_\_ CONFIDENTIAL INFORMATION FORM completed as per instructions  
**contain confidential information.**
- \_\_\_\_\_ ENTRY OF APPEARANCE completed as per instructions.
- \_\_\_\_\_ ORDER OF COURT completed as per instructions.
- \_\_\_\_\_ PETITION completed in its entirety.
- \_\_\_\_\_ PETITIONER'S CRIM RECORD / ABUSE HISTORY VERIFICATION completed.
- \_\_\_\_\_ Caption only on RESPONDENT'S VERIFICATION completed, leave the rest blank.
  
- \_\_\_\_\_ Copies of ENTRY OF APPEARANCE, ORDER OF COURT, PETITION and PETITIONER'S VERIFICATION made.
- \_\_\_\_\_ Self Addressed Stamped Envelopes made.
  
- \_\_\_\_\_ Contacted Prothonotary for filing fee. Fee is: \_\_\_\_\_.
- \_\_\_\_\_ File CONFIDENTIAL INFORMATION FORM, ENTRY OF APPEARANCE, ORDER OF COURT, PETITION and PETITIONER'S VERIFICATION (and all copies of the documents) with Prothonotary.
- \_\_\_\_\_ File Envelopes with Prothonotary.
  
- \_\_\_\_\_ Receive ENTRY OF APPEARANCE, PETITION, and PETITIONER'S VERIFICATION copies back from Prothonotary.
- \_\_\_\_\_ Receive signed ORDER OF COURT copies from Prothonotary.
  
- \_\_\_\_\_ Serve copies of the ENTRY OF APPEARANCE, ORDER OF COURT, PETITION, PETITIONER'S VERIFICATION, and blank RESPONDENT'S VERIFICATION on all other parties.
- \_\_\_\_\_ File service documentation with Prothonotary (Form #6, 7, or 8).



**Instructions for Completing the Confidential Information Form**

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
6. Abuse victim's address and other contact information, including employer's name, address and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim's name. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.C.P. No. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.C.P. No. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof. A court may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**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 _____</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>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 _____</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>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(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.***



**CONFIDENTIAL  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

Additional page (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>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>



**Abuse Victim Addendum**

**Instructions for Completing the Abuse Victim Addendum:** The Abuse Victim Addendum shall accompany a filing where confidential information is being provided by an abuse victim, as defined in this policy, in family court actions (see Pa.R.C.P. No. 1931(a)), as required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter. This addendum, and any additional pages, shall only be provided to the court and shall remain confidential. The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage	<input type="checkbox"/> Child Custody	
<input type="checkbox"/> Support	<input type="checkbox"/> Paternity	<input type="checkbox"/> Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
_____	AV Address:	Alternative Reference: AV 1 Address
(full name of abuse victim)	_____	
_____	AV Employer's Name & Address:	Alternative Reference: AV 1 Employer's Name & Address
Docket/Case No. of Protection Order	_____	
_____	AV Work Schedule:	Alternative Reference: AV 1 Work Schedule
Court/County	_____	
	AV Other contact information:	Alternative Reference: AV 1 Other contact information
	_____	

Attach additional page(s) if necessary.



**Abuse Victim Addendum**  
Additional page (if necessary)

<b>Type of Family Court Action</b>		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage	<input type="checkbox"/> Child Custody	
<input type="checkbox"/> Support	<input type="checkbox"/> Paternity	<input type="checkbox"/> Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</p> <p style="text-align: center;">(full name of abuse victim)</p> <p>_____</p> <p>Docket/Case No. of Protection Order</p> <p>_____</p> <p style="text-align: center;">Court/County</p>	<p>AV Address:</p> <p>_____</p> <p>AV Employer's Name &amp; Address:</p> <p>_____</p> <p>AV Work Schedule:</p> <p>_____</p> <p>AV Other contact information:</p> <p>_____</p>	<p>Alternative Reference: AV __ Address</p> <p>Alternative Reference: AV __ Employer's Name &amp; Address</p> <p>Alternative Reference: AV __ Work Schedule</p> <p>Alternative Reference: AV __ Other contact information</p>

<b>Type of Family Court Action</b>		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage	<input type="checkbox"/> Child Custody	
<input type="checkbox"/> Support	<input type="checkbox"/> Paternity	<input type="checkbox"/> Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</p> <p style="text-align: center;">(full name of abuse victim)</p> <p>_____</p> <p>Docket/Case No. of Protection Order</p> <p>_____</p> <p style="text-align: center;">Court/County</p>	<p>AV Address:</p> <p>_____</p> <p>AV Employer's Name &amp; Address:</p> <p>_____</p> <p>AV Work Schedule:</p> <p>_____</p> <p>AV Other contact information:</p> <p>_____</p>	<p>Alternative Reference: AV __ Address</p> <p>Alternative Reference: AV __ Employer's Name &amp; Address</p> <p>Alternative Reference: AV __ Work Schedule</p> <p>Alternative Reference: AV __ Other contact information</p>

**IN THE COURT OF COMMON PLEAS  
SUSQUEHANNA COUNTY, PENNSYLVANIA**

Name	v.	Plaintiff	:	Case No.
			:	
			:	
			:	
Name		Defendant	:	

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY  
PURSUANT TO Pa.R.C.P. 1930.8**

To the Prothonotary:

Please enter my appearance as a self-represented party.

1. I am the  Plaintiff,  Defendant, or  Other in the above captioned action. (select one)
2. This is a  custody,  divorce,  support,  protection from abuse, or  paternity case. (select one)
3. Select from one of the following three options, a, b, or c:
  - a.  I do not currently have an attorney representing me, I have decided not to hire an attorney to represent me, and I am representing myself in this case.
  - b.  \_\_\_\_\_ is my attorney of record and I want to terminate the services of my attorney and proceed as a self-represented party. I will provide notice to my attorney.
  - c.  I am entering my appearance as a self-represented party (sign) \_\_\_\_\_ and my attorney acknowledges his/her withdrawal as my attorney of record in this case. (Attorney signature)
4. NOTE: You must provide the Court with an address where you agree that pleadings and other legal papers may be served, and a telephone number through which you may be contacted. The address and phone number that you provide need not be your home address and phone number. If this is a protection from abuse (PFA) case or other case where the confidentiality of your home address and phone number is essential, please use an alternate address and phone number where you may be served by mail and contacted by telephone.

Papers may be served at the address set forth below:

Name of Party	Home Phone Number – include area code
Street Address	Cell Phone Number – include area code
City                      State      Zip Code	Fax Number (optional) – include area code

5. I understand that I must file this form in the Prothonotary's Office and that I must file a new form every time my address or telephone number changes. Please see Pennsylvania Rule of Civil Procedure 1930.8 for more information.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**IN THE COURT OF COMMON PLEAS  
SUSQUEHANNA COUNTY, PENNSYLVANIA**

\_\_\_\_\_  
Name                     **PLAINTIFF**

vs.

\_\_\_\_\_  
Name                     **DEFENDANT 1**

**and** (if applicable)

\_\_\_\_\_  
Name                     **DEFENDANT 2**

:  
:  
:  
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:  
:  
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:

CASE NO. \_\_\_\_\_

**ACTION IN CUSTODY**

**ORDER OF COURT FOR PETITION FOR MODIFICATION**

You, \_\_\_\_\_, Respondent, have been sued in Court in order to  
Nameobtain a modification of an existing Court Order dated \_\_\_\_\_, regarding  
Previous Court Order datecustody of the minor child(ren):

\_\_\_\_\_  
Initials of Child 1

\_\_\_\_\_

Address

\_\_\_\_\_  
Initials of Child 2

\_\_\_\_\_

Address

\_\_\_\_\_  
Initials of Child 3

\_\_\_\_\_

Address

You are ordered to appear in person at the Susquehanna County  
Courthouse, Montrose, Pennsylvania, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at  
\_\_\_\_\_ o'clock \_\_\_\_ .m. for:

- a pretrial conference.
- a hearing before the Court.
- the presence of the child(ren) is not required.
- the presence of the child(ren) is required.

If you fail to appear as provided by this order or to bring the child(ren), if so ordered, an order for custody 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. 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 THE OFFICE SET FORTH BELOW, THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE 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.**

**North Penn Legal Services 13  
Main Street Towanda, PA  
18848  
(570) 265-6127**

**AMERICANS WITH DISABILITIES ACT OF 1990**

The Court of Common Pleas of Susquehanna County, Pennsylvania 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 our office. All arrangements must be made at least 72 hours prior to any hearing before the Court. You must attend the scheduled conference or hearing.

BY THE COURT,

Dated: \_\_\_\_\_

\_\_\_\_\_  
J.

**IN THE COURT OF COMMON PLEAS  
SUSQUEHANNA COUNTY, PENNSYLVANIA**

Name	<b>PLAINTIFF</b>	:		
	vs.	:		CASE NO. _____
Name	<b>DEFENDANT 1</b>	:		<b>ACTION IN CUSTODY</b>
	and (if applicable)	:		
Name	<b>DEFENDANT 2</b>	:		

**PETITION TO MODIFY CUSTODY**

If you believe the circumstances in your case require the Court's immediate attention, please check "Yes" in the box below. If not, please check "No":

Emergency Order Requested? Yes  No

1. Petitioner is \_\_\_\_\_ and resides at \_\_\_\_\_  
Print your name  
\_\_\_\_\_  
Address, including City, State, Zip and County.

2. \_\_\_\_\_ is the  mother,  father,  
Respondent  
or  \_\_\_\_\_ of the child(ren), and resides at \_\_\_\_\_  
State the Relationship (for example, grandparent)  
\_\_\_\_\_  
Address, including City, State, Zip and County.

3. Petitioner is the  mother,  father, or  \_\_\_\_\_ of:  
State the Relationship (for example, grandparent)

Initials of Child 1	Child's Year of Birth
Initials of Child 2	Child's Year of Birth
Initials of Child 3	Child's Year of Birth

\_\_\_\_\_  
Initials of Child 4

\_\_\_\_\_  
Child's Year of Birth

\_\_\_\_\_  
Initials of Child 5

\_\_\_\_\_  
Child's Year of Birth

4. Petitioner respectfully represents that on \_\_\_\_\_, 20\_\_ an Order of Court was entered for  (shared legal custody)/  (sole legal custody)/  (partial physical custody)/  (primary physical custody)/  (shared physical custody)/  (sole physical custody)/  (supervised physical custody). A true and correct copy of the Order is attached.

5. This Order should be modified because:

6. Request for Emergency Order

The following emergency situation requires immediate attention by the Court.

Describe this situation in detail:

7. Emergency Contact Information:

Plaintiff: \_\_\_\_\_

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



Defendant number 1: \_\_\_\_\_

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

Defendant number 2: \_\_\_\_\_

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

8. Petitioner has attached the Criminal Record / Abuse History Verification form required pursuant to Pa.R.C.P. 1915.3-2.

**FOR THESE REASONS**, I request the Court to change custody as follows:

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

\_\_\_\_\_  
Petitioner

**VERIFICATION**

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

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

\_\_\_\_\_  
Signature

**IN THE COURT OF COMMON PLEAS  
SUSQUEHANNA COUNTY, PENNSYLVANIA**

Name	<b>PLAINTIFF</b>	:	
		:	
	vs.	:	CASE NO. _____
		:	
Name	<b>DEFENDANT 1</b>	:	<b>ACTION IN CUSTODY</b>
		:	
	and (if applicable)	:	
		:	
Name	<b>DEFENDANT 2</b>	:	

**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 "YES" box next to a crime below, I have checked the "NO" box to indicate that 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 YES to all that apply	Check NO to all that DO NOT apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>		

Check YES to all that apply	Check NO to all that DO NOT apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <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"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>		

Check YES to all that apply	Check NO to all that DO NOT apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <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"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <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 "YES" box next to an item below, I have checked the "NO" box to indicate that neither I nor any other member of my household have a history of violent or abusive conduct including the following:

Check YES to all that apply	Check NO to all that DO NOT apply		Self	Other household member	Date
YES <input type="checkbox"/>	NO <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"/>	
YES <input type="checkbox"/>	NO <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"/>	
YES <input type="checkbox"/>	NO <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:

6a. Has/have the child/children involved with this custody case been the subject of an indicated or founded report of child abuse? YES  NO

6b. Has a party or a member of a party's household been identified as the perpetrator in an indicated or founded report of child abuse? YES  NO

6c. If you answered YES to question 6a and/or 6b, please complete the following:

Name of perpetrator: \_\_\_\_\_

Date(s) of incidents of child abuse: \_\_\_\_\_

Circumstances of child abuse incident(s):

County and state where child abuse investigation took place: \_\_\_\_\_

7a. Has a party or a member of a party's household been provided services by children & youth services, child protective services, or general protective services? YES  NO

7b. If you answered YES to question 7a, please complete the following:

Name of agency that provided services: \_\_\_\_\_

Type of services provided: \_\_\_\_\_

The circumstances surrounding the provision of services:

The status of services: \_\_\_\_\_

Date(s) services provided: \_\_\_\_\_

County and State where the services were provided: \_\_\_\_\_

8a. Are you aware of any pending investigations of abuse of either party or members of either party's household by any children & youth services agency, child protective services, or general protective services agency, or the equivalent agency in another jurisdiction, concerning the children in this custody case or any other children?

YES  NO

8b. If you answered YES to question 8a, please complete the following:

Name of agency where investigation is pending: \_\_\_\_\_

Status of the investigation: \_\_\_\_\_

The circumstances surrounding the investigation:

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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

(\_\_\_\_\_) \_\_\_\_\_  
(Home Phone)

(\_\_\_\_\_) \_\_\_\_\_  
(Work Phone)

**IN THE COURT OF COMMON PLEAS  
SUSQUEHANNA COUNTY, PENNSYLVANIA**

Name **PLAINTIFF** :

vs. :

CASE NO. \_\_\_\_\_ :

Name **DEFENDANT 1** :

and (if applicable) :

**ACTION IN CUSTODY** :

Name **DEFENDANT 2** :

**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 "YES" box next to a crime below, I have checked the "NO" box to indicate that 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 YES to all that apply	Check NO to all that DO NOT apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>		



Check YES to all that apply	Check NO to all that DO NOT apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <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"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>		

Check YES to all that apply	Check NO to all that DO NOT apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <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"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <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 "YES" box next to an item below, I have checked the "NO" box to indicate that neither I nor any other member of my household have a history of violent or abusive conduct including the following:

Check YES to all that apply	Check NO to all that DO NOT apply		Self	Other household member	Date
YES <input type="checkbox"/>	NO <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"/>	
YES <input type="checkbox"/>	NO <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"/>	
YES <input type="checkbox"/>	NO <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:

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

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

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6a. Has/have the child/children involved with this custody case been the subject of an indicated or founded report of child abuse? YES  NO

6b. Has a party or a member of a party's household been identified as the perpetrator in an indicated or founded report of child abuse? YES  NO

6c. If you answered YES to question 6a and/or 6b, please complete the following:

Name of perpetrator: \_\_\_\_\_

Date(s) of incidents of child abuse: \_\_\_\_\_

Circumstances of child abuse incident(s):

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

County and state where child abuse investigation took place: \_\_\_\_\_

7a. Has a party or a member of a party's household been provided services by children & youth services, child protective services, or general protective services? YES  NO

7b. If you answered YES to question 7a, please complete the following:

Name of agency that provided services: \_\_\_\_\_

Type of services provided: \_\_\_\_\_

The circumstances surrounding the provision of services:

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

The status of services: \_\_\_\_\_

Date(s) services provided: \_\_\_\_\_

County and State where the services were provided: \_\_\_\_\_

8a. Are you aware of any pending investigations of abuse of either party or members of either party's household by any children & youth services agency, child protective services, or general protective services agency, or the equivalent agency in another jurisdiction, concerning the children in this custody case or any other children?

YES  NO

8b. If you answered YES to question 8a, please complete the following:

Name of agency where investigation is pending: \_\_\_\_\_

Status of the investigation: \_\_\_\_\_

The circumstances surrounding the investigation:

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

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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

(\_\_\_\_\_) \_\_\_\_\_  
(Home Phone)

(\_\_\_\_\_) \_\_\_\_\_  
(Work Phone)

**IN THE COURT OF COMMON PLEAS  
SUSQUEHANNA COUNTY, PENNSYLVANIA**

\_\_\_\_\_  
Name **PLAINTIFF**

vs.

\_\_\_\_\_  
Name **DEFENDANT 1**

**and** (if applicable)

\_\_\_\_\_  
Name **DEFENDANT 2**

⋮  
⋮  
⋮  
⋮  
⋮  
⋮  
⋮  
⋮  
⋮  
⋮  
⋮  
⋮  
⋮

**CASE NO.** \_\_\_\_\_

**ACTION IN CUSTODY**

**AFFIDAVIT OF SERVICE**  
(CERTIFIED MAIL)

I certify that I served a copy of the Entry of Appearance, Order of Court for Complaint for Custody, Complaint for Custody, and Plaintiff's Criminal Record / Abuse History Verification, which were previously filed with the Court, and a blank Defendant's Criminal Record / Abuse History Verification, upon

\_\_\_\_\_  
Name of person served on \_\_\_\_\_  
Date served (date return receipt signed) by certified mail, restricted delivery, return receipt requested. The **original** return receipt signed by

\_\_\_\_\_ is attached.  
Name of person served

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

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

\_\_\_\_\_  
Signature of person certifying service

\_\_\_\_\_  
Name of person certifying service (printed or typed)

\_\_\_\_\_  
Street Address of person certifying service

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Area Code Telephone Number of person certifying service



