



## EMERGENCY CUSTODY ORDERS

## ÓRDENES DE CUSTODIA DE EMERGENCIA

Armstrong, Cambria, Clarion, Fayette, Greene, Indiana, Jefferson, Somerset, Washington, & Westmoreland Counties



[www.summitlegal.org](http://www.summitlegal.org)



1-800-846-0871



[info@summitlegal.org](mailto:info@summitlegal.org)



Summit Legal Aid

# OFFICE LOCATIONS

231 West Main Street  
Clarion, PA 16214  
Phone: 814.226.4340  
Fax: 814.226.5531

16 East Otterman Street  
Greensburg, PA 15601  
Phone: 724.836.2211  
Fax: 724.836.3680

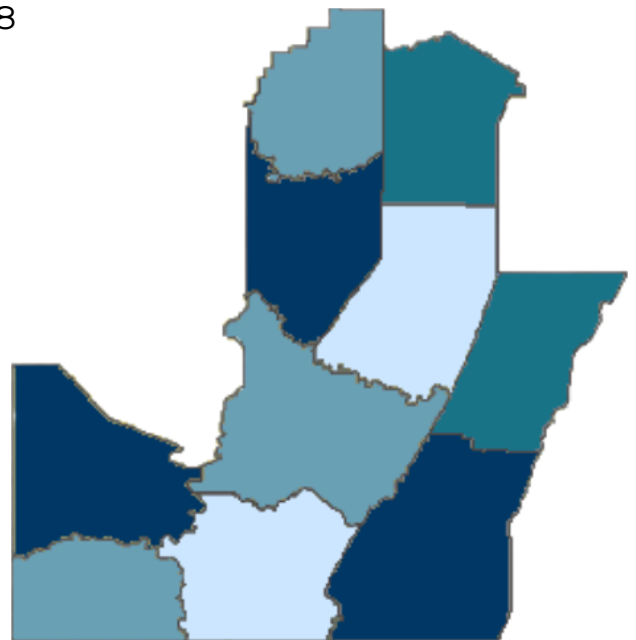
227 Franklin Street  
Suite 400  
Johnstown, PA 15901  
Phone: 814.536.8917  
Fax: 814.535.3377

203 West Union Street  
Somerset, PA 15501  
Phone: 814.443.4615  
Fax: 814.444.0331

45 East Main St.  
Suite 200  
Uniontown, PA 15401  
Phone: 724.439.3591  
Fax: 724.439.6491

63 South Washington St.  
Waynesburg, PA 15370  
Phone: 724.627.3127  
Fax: 724.852.4189

10 West Cherry Ave.  
Washington, PA 15301  
Phone: 724.225.6170  
Fax: 724.250.1078



# **Filing for Emergency Custody of a Child Under the Age of 18**

## **When Do I File?**

This process is reserved for true emergency situations. Circumstances are considered to be an emergency if your child or children are faced with a dangerous or threatening situation that is imminent in which they cannot avoid or be protected from unless the filed petition for emergency custody is granted. Be sure to have records of any emergency room or doctor's visits, incident reports filed by the police and any information regarding calls or investigations with child youth services or like agencies.

## **Where Do I File?**

In order to file for Emergency Custody, you need to fill out the applicable forms and bring all of the documents to the Prothonotary's office in your county's courthouse. When filing for custody, you must file in the county in which the child resides, or in a county where the child has lived in the previous six months. The address, phone number, and hours of operation are listed under your county's instruction sheet in the following pages.

## **How Do I File?**

In order to file for emergency custody, you need to fill out all of the applicable paperwork indicated in the instruction sheet for your specific county. One of these documents will be a petition for Emergency Relief. Included with this form, you will need to also provide your current court issued custody order. If no order exists, you will also need to file a Complaint for Custody. Your petition for Emergency Custody will either be granted or denied by a Judge.

## What do I need in order to file?

1. Fill out the **Family Court Cover Sheet** (Cover Sheet 1).
2. Fill out the attached **Confidential Information Form** (Form 1).
3. Fill out the attached **Emergency Petition for Custody Form** (Form 2).
4. Fill out the attached **Criminal Record Abuse Verification Form** (Form 3).
5. If a prior **Custody Order** is in place, attach a copy of this order.  
If there is no prior custody order, fill out the attached **Complaint for Custody** (Complaint Form 1 for parents or Complaint Form 2 for grandparents).
6. A bond may be put in place; however, it can be waived or reduced by filling out and filing the attached **Motion to Proceed in Forma Pauperis** (Form 4).
7. File the Confidential Information Form, Emergency Petition for Custody Form, Criminal Record Abuse Verification Form, Motion to Proceed in Forma Pauperis, and existing Custody Order or Complaint for Custody with your county Prothonotary Office. A list of addresses of Prothonotary Offices in the region is located on the next page.
8. All documents must then be served upon the defendant. There are two ways in which a complaint can be served: by **personal service** or via **certified mail**.

When serving an individual by **personal service**, it must be done in-person by a Sheriff or a third party uninvolved in the case.

When giving service by mail, you must send it by **certified mail**. The served party will then have to sign the green card. Be sure to keep this green card for your record as proof of service.

9. Upon service you must fill out an **Affidavit of Personal Service** if the individual was served in person (Service Form 1), or an **Affidavit of Service of Original Process by Mail** (Service Form 2). Tape the green card to a separate blank sheet of paper and file the form and the card with the prothonotary's office.

**\*ALL DOCUMENTS MUST BE FILLED OUT IN BLUE OR BLACK INK AND BE SURE TO MAKE COPIES OF ALL DOCUMENTS PRIOR TO FILING \***

# **Prothonotary Offices**

**Armstrong County Prothonotary Office**  
**Monday-Friday: 8:00 am - 4:30 pm**

500 E. Market Street  
Suite 103  
Kittanning, PA 16201  
724-548-3252

**Indiana County Prothonotary Office**  
**Monday-Friday: 8:00 am - 4:00 pm**

1st Floor  
825 Philadelphia Street  
Indiana, PA 15701  
724-465-3855

**Cambria County Prothonotary's Office**  
**Monday – Friday: 9:00 am - 4:00 pm**

200 Center St.  
Ebensburg, PA 15931  
814-472-1638

**Jefferson County Prothonotary Office**  
**Monday-Friday: 8:30 am - 4:30 pm**

200 Main Street  
Brookville, PA 15825  
814-849-1606

**Clarion County Prothonotary Office**  
**Monday-Friday: 8:30 am - 4:30 pm**

421 Main Street  
Clarion, PA 16214  
814-226-4000

**Somerset County Prothonotary Office**  
**Monday-Friday: 8:30 am - 4:00 pm**

111 East Union Street  
Suite 165  
Somerset, PA 15501  
814-445-1428

**Fayette County Prothonotary Office**  
**Monday-Friday: 8:00 am - 4:30 pm**

61 East Main Street  
1st Floor  
Uniontown, PA 15401  
724-430-1272

**Washington County Prothonotary Office**  
**Monday-Friday: 9:00 am - 4:30 pm**

95 West Beau Street  
Suite 510  
Washington, PA 15301  
724-228-6770

**Greene County Prothonotary Office**  
**Monday-Friday: 8:30 am - 4:30 pm**

10 East High Street  
Room 105  
Waynesburg, PA 15370  
724-852-5288 or 724-852-5336

**Westmoreland County Prothonotary Office**  
**Monday-Friday: 8:30 am - 4:00 pm**

2 N Main Street  
Suite 501  
Greensburg, PA 15601  
724-830-3502

# **Family Court Cover Sheet - Cover Sheet 1**

This cover sheet is to be filled out in all counties and filed with your other paperwork.

*The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form*

Box 1: Print the name of the county in which you are filing.

Box 2: Print your full name.

Box 3: If you have been provided a docket number, provide it here. If you have not been provided with a docket number at this time, leave this line empty to be filled out when you get your docket number assigned.

Box 4: Print the Defendant's name.

Box 5: Print your full name.

Box 6: On the first line, print your address. Use the following lines to print your email and phone number.



**IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY**  
**PENNSYLVANIA CIVIL DIVISION – CUSTODY**

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

v.

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

)  
)  
)  
)  
)  
)  
)  
)  
)  
)  
)

No. \_\_\_\_\_

Complaint for Custody  
Filed on Behalf of

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# **Confidential Information Form – Form 1**

This form is to be filled out and filed regardless of your county. The purpose of this form is to indicate information that may be part of your case but that needs to be removed from any public records due to their confidential nature. Only provide information that is relevant to your custody case.

*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
3. Active financial account numbers may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified.
4. “Financial Account Numbers” include financial institution account numbers, debit and credit card numbers
5. Driver License Numbers
6. State Identification (SID) Numbers
7. Names and dates of birth of minors under the age of 18, except when a minor is charged as a defendant in a criminal matter
8. The Abuse Victim Addendum is only to be filled out when there is an abuse allegation involved in the custody case. The docket/case number of the protection order will be needed to fill out this addendum. If there are no allegations of abuse, do not fill out the Abuse Victim Addendum. To fill this out, fill out the name and information of the abuse victim in the appropriate spaces.

## Note

- **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.

**CONFIDENTIAL  
INFORMATION  
FORM**



*Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*  
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.

v.

\_\_\_\_\_  
(Party name as displayed in case caption)      Court

This form is associated with the pleading titled \_\_\_\_\_, dated \_\_\_\_\_.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, 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 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 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**



Additional page(s) attached. \_\_\_\_\_ total pages are attached to this filing.

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* 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**



**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.

<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"/>		<input type="checkbox"/>	Protection From Abuse
This Information Pertains to:	Confidential Information:	References in Filing:	
<hr/> <p style="text-align: center;">(full name of abuse victim)</p> <hr/> <p style="text-align: center;">Docket/Case No. of Protection Order</p> <hr/> <p style="text-align: center;">Court/County</p>	<p>AV Address:</p> <hr/> <p>AV Employer's Name &amp; Address:</p> <hr/> <p>AV Work Schedule:</p> <hr/> <p>AV Other contact information:</p> <hr/>	<p>Alternative Reference: AV 1 Address</p> <p>Alternative Reference: AV 1 Employer's Name &amp; Address</p> <p>Alternative Reference: AV 1 Work Schedule</p> <p>Alternative Reference: AV 1 Other contact information</p>	

**CONFIDENTIAL  
INFORMATION  
FORM**



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

## **Petition for Emergency Relief – Form 2**

This form needs filled out for every Emergency Custody case in all counties. This form is the petition seeking Emergency Custody.

*The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form*

Box 1: Print the county which you are filing the custody action. See “Where do I file in the introduction for more information.

Box 2: Print your full name as the Plaintiff.

Box 3: Print the full name of the person against whom you are filing.

Box 4: If you have been assigned a docket number, print this number in on the line. If no Docket number has been assigned to your case, do not fill in this line until one is assigned.

Box 5: Print your full name.

Box 6: Print your date of birth.

Box 7: Print your address as directed.

Box 8: Print the name of the individual against whom you are filing.

Box 9: Print the date of birth of the individual against whom you’re filing.

Box 10: Print the address at which the person against whom you are filing lives at.

Box 11: If there was a prior existing custody order in place, put the date this order was entered.

Box 12 & 13: Use the lines provided to print the names and birth dates of each child you are wishing to obtain emergency custody of.

Box 14: If there is a previous court issued custody order check the top line, and attach a copy of this order to the petition.

If there was no previously court ordered custody agreement, check the bottom line and attach the Complaint for Custody Form provided to the petition.

Box 15: Print the reasoning for your filing for the emergency custody order. Be specific as possible.

Box 16: Sign on the line.

Box 17: Place the date you are signing on the line.

Box 18: Sign the line to verify that all the information in the petition is correct.

Box 19: Print the county in which you are filing the custody action.

Box 20: Print your full name as the Plaintiff.

Box 21: If you have been assigned a docket number, print it on the line. If no docket number has been assigned to your case, do not fill in the line until one is assigned.

Box 22: Print the name of the defendant.

Box 23: You will not fill in the remainder of the document. The Judge will fill in this portion of the document.

IN THE COURT OF COMMON PLEAS OF 1 COUNTY  
PENNSYLVANIA CIVIL DIVISION – CUSTODY

2  
\_\_\_\_\_,  
Plaintiff

No. 4

v.

3  
\_\_\_\_\_,  
Defendant

)  
)  
)  
)  
)  
)  
)  
)  
)  
)

**PETITION FOR EMERGENCY RELIEF**

AND NOW, the Petitioner files this Petition for Emergency Relief and in support thereof, avers the following:

1. I, 5 \_\_\_\_\_, 6 \_\_\_\_\_, Petitioner,  
(Name)

D 7 \_\_\_\_\_ rth is \_\_\_\_\_ and currently resides at:  
(Street) (City) (State) (Zip Code) (County)

2. 8 \_\_\_\_\_, 9 \_\_\_\_\_, Respondent,  
(Name)

D 10 \_\_\_\_\_ rth is \_\_\_\_\_ and currently resides at:  
(Street) (City) (State) (Zip Code) (County)

3. A Custody Order was entered on 11 \_\_\_\_\_, for the following minor children:  
(Date)




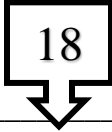




**VERIFICATION**

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 P.a.C.S. Section 4904 relating to unsworn falsification to authorities.

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

 \_\_\_\_\_  
Petitioner's Signature

19

COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA CIVIL DIVISION – CUSTODY

20

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

21

No. \_\_\_\_\_

v.

22

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

23

Order of Court

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon consideration of the  
Petition for Emergency Relief filed by the \_\_\_\_\_, it is hereby ORDERED  
and DECREED as follows:

\_\_\_\_\_ The Petition for Emergency Relief is GRANTED

IF GRANTED, the following relief is sought:

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

\_\_\_\_\_ The Petition for Emergency Relief id DENIED

An Emergency hearing is scheduled for the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at  
\_\_\_\_\_, in Courtroom No. \_\_\_\_\_ of the \_\_\_\_\_ County courthouse,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (address).

BY THE COURT:

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

**IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA CIVIL DIVISION – CUSTODY**

\_\_\_\_\_, )  
Plaintiff )  
 )  
 )  
 )  
v. )  
 )  
 )  
 )  
\_\_\_\_\_, )  
Defendant )  
 )  
 )

No. \_\_\_\_\_

**PETITION FOR EMERGENCY RELIEF**

AND NOW, the Petitioner files this Petition for Emergency Relief and in support thereof, avers the following:

1. I, \_\_\_\_\_, Petitioner,  
(Name)

Date of Birth is \_\_\_\_\_ and currently resides at:

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

2. \_\_\_\_\_, Respondent,  
(Name)

Date of Birth is \_\_\_\_\_ and currently resides at:

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

3. A Custody Order was entered on \_\_\_\_\_, for the following minor children:  
(Date)





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 P.a.C.S. Section 4904 relating to unsworn falsification to authorities.

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

\_\_\_\_\_

Petitioner's Signature



**IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA**

Plaintiff	)	
	)	
	)	No. _____
	)	
v.	)	
	)	
	)	
Defendant	)	
	)	

**Order of Court**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon consideration of the  
Petition for Emergency Relief filed by the \_\_\_\_\_, it is hereby ORDERED  
and DECREED as follows:

\_\_\_\_\_ The Petition for Emergency Relief is GRANTED  
IF GRANTED, the following relief is sought:

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

\_\_\_\_\_ The Petition for Emergency Relief id DENIED

An Emergency hearing is scheduled for the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at  
\_\_\_\_\_, in Courtroom No. \_\_\_\_\_ of the \_\_\_\_\_ County courthouse,  
\_\_\_\_\_  
\_\_\_\_\_ (address).

BY THE COURT:

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

# **Criminal Record/Abuse History Verification**

## **Form 3**

## **CRIMINAL RECORD/ABUSE HISTORY VERIFICATION**

*The following numbers on these instructions correspond with the numbers in the boxes on the Criminal Record/Abuse History Verification Form.*

Box 1: Print the county in which you are filing your custody action. See "*Where do I File?*" in the Introduction for more information about in which county you should file.

Box 2: Print plaintiff's name exactly as you wrote it on the other forms.

Box 3: Print the case number that has been assigned to your case. This can be found on your complaint or order.

Box 4: Print the defendant's name exactly as you wrote it on all other forms.

Box 5: Print your name.

**At Boxes 6 through 40 check each box that applies to you or a member of your household. Check the crime/abuse charge along with checking to whom it applies. Write the date of the plea and the sentence which was given. Remember to answer each question completely.**

Box 41: List any evaluation, counseling or other treatment you or a member of your household received for any convictions listed above.

Box 42: If any convictions listed above apply to a household member not a party to this matter, state their name and relationship to the child(ren).

Box 43: If you know of a criminal history of the other party, or a member of the other party's household, state the information.

Box 44: Sign your name.

Box 45: Print your name.

**YOUR COMPLETED FORM MUST BE FILED WITH YOUR CUSTODY COMPLAINT. YOU MUST SEND A BLANK COPY OF THIS FORM TO THE OTHER PARTY WHEN YOU SERVE THE CUSTODY COMPLAINT.**

IN THE COURT OF COMMON PLEAS OF 1 COUNTY, PENNSYLVANIA

2  
 \_\_\_\_\_  
 Plaintiff

v. 4  
 \_\_\_\_\_  
 Defendant

.....

No. 3  
 \_\_\_\_\_  
 IN CUSTODY

**CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

I, 5, 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:

<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u> Date of conviction	<u>11</u> guilty plea, no contest plea or pending charges	<u>11</u> Sentence
<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other household member</b>			
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2701 (relating to simple assault)	<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"/>	18 Pa.C.S. §2705 (relating to recklessly endangering another person)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

12

13

14

15

16

17

Check all that apply

Crime

Self

Other household member

Date of conviction, guilty plea or no contest plea or pending charges

Sentence

<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"/>	18 Pa.C.S. §2718 (relating to strangulation)	<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"/>	18 Pa.C.S. §2904 (relating to interference with custody of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. Ch. 30 (relating to human trafficking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

18

19

20

21

22

23

Check all that apply

Crime

Self

Other household member

Date of conviction, guilty plea or no contest plea or pending charges

Sentence

<input type="checkbox"/>	18 Pa.C.S. §3126	<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"/>	18 Pa.C.S. §3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5533 (relating to cruelty to animals)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

24 Check all that apply	25 <u>Crime</u>	26 <u>Self</u>	27 <u>Other household member</u>	28 Date of conviction, guilty plea or no contest plea or pending charges	29 <u>Sentence</u>
<input type="checkbox"/>	18 Pa.C.S. §5534 (relating to aggravated cruelty to animals)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5543 (relating to animal fighting)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5544 (relating to possession of animal fighting paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5902(b) or (b.1) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

30

Check all that apply

31

Crime

Manufactures, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device.

32

Self

33

Other household member

34

Date of conviction, guilty plea or no contest plea or pending charges

\_\_\_\_\_

35

Sentence

\_\_\_\_\_

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:

36

Check all that Apply

A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction

37

Crime

38

Self

39

Other Household Member

40

Date

\_\_\_\_\_

Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction.

\_\_\_\_\_

Involvement with Children & Youth 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.

41

\_\_\_\_\_

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.

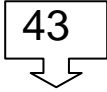
42

\_\_\_\_\_



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:

43

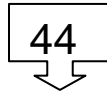


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I verify that the information above is true and correct to the best of my knowledge, information or belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

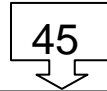
44



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Signature

45



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Printed Name

IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY, PENNSYLVANIA

	:	
Plaintiff	:	
	:	
v.	:	No. _____
	:	
	:	CUSTODY
Defendant		

**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:

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other household member</b>	<b>Date of conviction guilty plea, no contest plea or pending charges</b>	<b>Sentence</b>
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2701 (relating to simple assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>Check all that apply</b>	<b><u>Crime</u></b>	<b><u>Self</u></b>	<b><u>Other household member</u></b>	<b>Date of conviction, guilty plea or no contest plea or pending <u>charges</u></b>	<b><u>Sentence</u></b>
<input type="checkbox"/>	18 Pa.C.S. §2705 (relating to recklessly endangering another person)	<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"/>	18 Pa.C.S. §2718 (relating to strangulation)	<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"/>	18 Pa.C.S. §2904 (relating to interference with custody of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. Ch. 30 (relating to human trafficking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<b>Check all that apply</b>	<b><u>Crime</u></b>	<b><u>Self</u></b>	<b><u>Other household member</u></b>	<b>Date of conviction, guilty plea or no contest plea or pending <u>charges</u></b>	<b><u>Sentence</u></b>
<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"/>	_____	_____

<b>Check all that apply</b>	<b><u>Crime</u></b>	<b><u>Self</u></b>	<b><u>Other household member</u></b>	<b>Date of conviction, guilty plea or no contest plea or pending <u>charges</u></b>	<b><u>Sentence</u></b>
<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"/>	18 Pa.C.S. §5533 (relating to cruelty to animals)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5534 (relating to aggravated cruelty to animals)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5543 (relating to animal fighting)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5544 (relating to possession of animal fighting paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5902(b) or (b.1) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5903(c) or(d) (relating to obscene and other sexual materials and performance)	<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"/>	_____	_____

<b>Check all that apply</b>	<b><u>Crime</u></b>	<b><u>Self</u></b>	<b><u>Other household member</u></b>	<b>Date of conviction, guilty plea or no contest plea or pending charges</b>	<b><u>Sentence</u></b>
<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:

<b>Check all that apply</b>		<b><u>Self</u></b>	<b><u>Other Household Member</u></b>	<b><u>Date</u></b>
<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 Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where?:_____.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<b>Other:</b> _____	<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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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

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

\_\_\_\_\_  
Printed Name

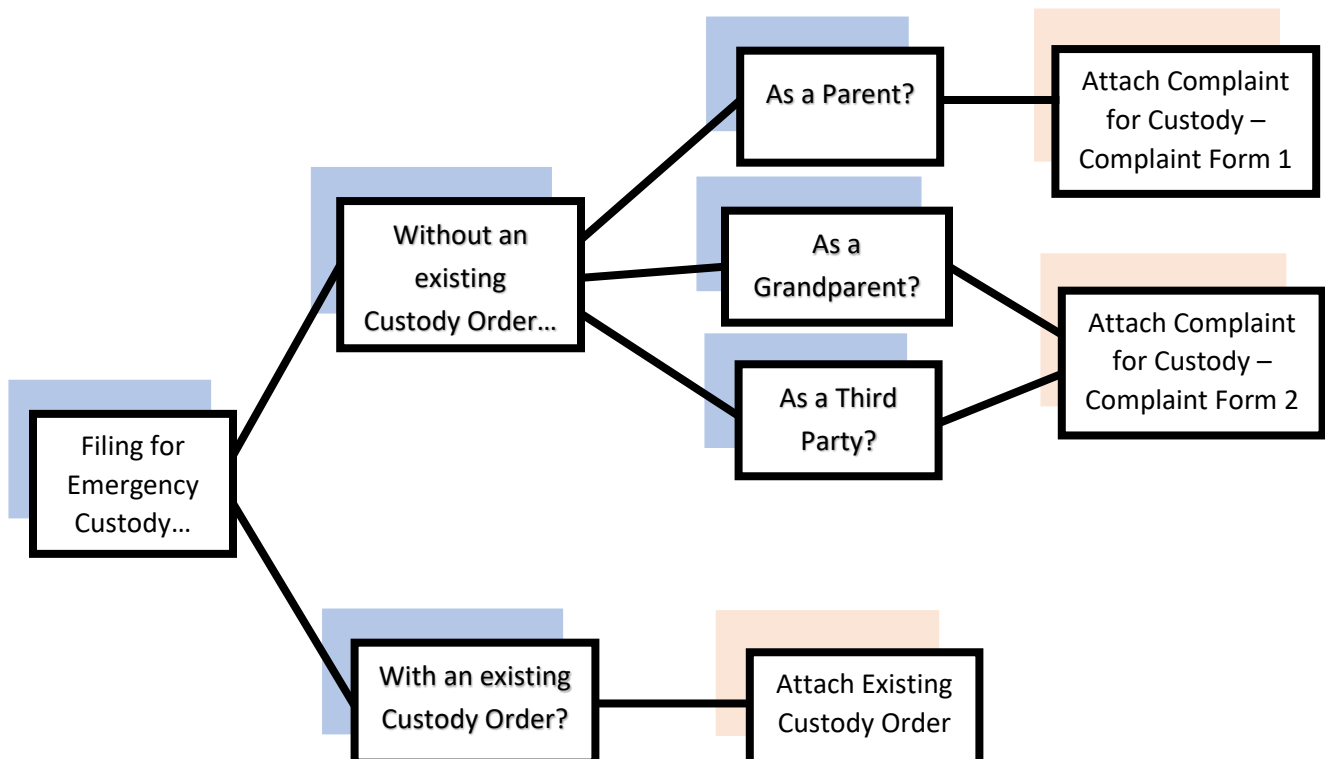
## Complaint for Custody v. Custody Order

**If there is an existing custody order**- When filing for custody, if there is already a Court issued Custody Order, you will NOT fill out the Complaint for Custody Forms. You will instead attach a copy of the existing **Custody Order** instead of the Complaint for Custody Form.

**If there is not an existing custody order**- When filing for custody, if there is not currently a Court issued Custody Order, you will fill out the appropriate **Complaint for Custody** form.

**If you are a parent of the child**- When filling out a Complaint for Custody form as a parent. you will fill out the **Complaint for Custody - Complaint Form 1**. Because there is no existing custody order, you will not need to attach an existing order and will attach the Complaint for Custody instead.

**If you are a grandparent of the child, or a third party**- filling out a Complaint for Custody as a grandparent or third party, you will fill out the **Complaint for Custody - Complaint Form 2**. Because there is no existing custody order, you will not need to attach an existing order and will attach the Complaint for Custody instead.





# **Complaint for Custody for Parents – Complaint Form 1**

If you are filing for custody as a parent with no existing Court issued Custody Order, you will fill out the Complaint for Custody – Complaint Form 1. Even if there is an informal custody arrangement between you and the other party, if there is no Custody Order issued by the Court, a Complaint for Custody will be needed to petition the court for custody of the child.

*The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form*

Box 1: Print the name of the county in which you are filing your custody action. See “Where do I File?” in the Introduction for more information about what county you should file in.

Box 2: Print your name exactly as you wrote it on the other forms.

Box 3: If you have been assigned a docket number you will print the docket number here. If you have not been assigned a docket number yet, leave this line empty until one is assigned.

Box 4: Print the name of the opposing party exactly as you wrote it on all other forms.

Box 5: Print your name.

Box 6: Print your current address.

Box 7: Print the name of the opposing party (the defendant).

Box 8: Print the opposing party’s current address.

Box 9: Check what kind of legal custody you are seeking.

Box 10: Check what kind of physical custody you are seeking.

Box 11: Print the name(s) of the child(ren) for whom you seek custody.

Box 12: Print the current address of the child(ren) for whom you seek custody.

Box 13: Print the date(s) of birth and age(s) of the child(ren) for whom you seek custody.

Box 14: Check either “was” or “was not” to indicate whether the child(ren) were or were not born out of wedlock (that is, born during the marriage).

Box 15: Print the name(s) of the person(s) with whom the child(ren) currently lives.

Box 16: Print the address of the person(s) with whom the child(ren) currently lives.

Box 17: Print the names of the person(s) with whom the child(ren) lived for the last five years.

Box 18: Print the addresses where the children have lived for the last five years.

Box 19: Print the dates the child(ren) lived with each person(s) for the last five years. Custody Form 1 Instructions

Box 20: Print the name of the child(ren)'s parent.

Box 21: Print the parent's current address.

Box 22: Indicate parent's marital status by checking married, divorced or single.

Box 23: Print the name of the child(ren)'s other parent.

Box 24: Print the other parent's current address.

Box 25: Indicate other parent's marital status by checking married, divorced or single.

Box 26: How is plaintiff related to the child(ren) (for example, mother, father, etc.).

Box 27: Print the name(s) of anyone with whom the plaintiff currently lives.

Box 28: Print the relationship that person has with the plaintiff (for example, husband, wife, fiancé, brother, sister, child, etc.).

Box 29: How is defendant related to the child(ren) (for example, mother, father, etc.).

Box 30: Print the name(s) of anyone with whom the defendant currently lives.

Box 31: Print the relationship that person has with the defendant (for example, husband, wife, fiancé, brother, sister, child, etc.).

Box 32: Have you been a party or witness in another case involving custody of the child(ren)? If you have, check "has," if not, check "has not."

Box 33: If you checked "has," complete Box 33 with the court (county), term (year), case number and its relation to this action; if you checked "has not" leave these lines empty.

Box 34: Do you know of another case involving the same parties (PFA, dependency custody). If you do, check "has," if not, check "has not."

Box 35: If you checked "has," complete Box 35 with the court (county), term (year), case number and its relation to your action. If you checked "has not" leave these lines empty.

Box 36: Do you know of any person who is not plaintiff or defendant in your case who has the child living with him or her, or who claims to have custody rights to the child(ren)? If you do, check "knows," if not, check "does not know."

Box 37: If you checked "knows," print the name and address of the person. If you checked "does not know" leave these lines empty.

Box 38: State the reasons you believe the best interest and permanent welfare of the child(ren) will be served by the Court's granting your request for custody.

Box 39: If there is anyone else who may have a right to custody of the child(ren) print their name here. Custody Form 1 Instructions

Box 40: If you provided a name for Box 39, print the address here.

Box 41: If you provided a name for Box 39, state the reasons for their claim for custody.

Box 42: Attach a completed Criminal Record/Abuse History Verification Form (Custody

Box 43: Check what kind of legal custody you are seeking.

Legal custody is the ability to make decisions about Health, Education, and Religion. This can either be shared or sole.

Box 44: Check what kind of physical custody you are seeking.

Physical custody is who physically has the child at any given point in time. This can be primary, shared, sole or supervised. Primary means you have the child the majority of time. Shared custody means both parties have the child half of the time. Sole custody is very rarely granted, but it gives one parent complete custody of the child. The final type of physical custody is serviced visits. This means that the parent is given a designated amount of supervised time with the child.

Box 45: Sign your name.

Box 46: Print your name, address and telephone number.

Box 47: Print the date you completed this form. Box 48: After reviewing your complaint, making sure everything you stated is true and correct, sign your name to the verification.

IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA CIVIL DIVISION

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

No. \_\_\_\_\_

v.

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

**COMPLAINT FOR CUSTODY**

1. The plaintiff is \_\_\_\_\_ (name), residing at \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (County)

2. The defendant is \_\_\_\_\_ (name), residing at \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (County)

10 3. Plaintiff seeks  shared legal custody  sole legal custody and  partial physical custody  primary physical custody  shared physical custody  sole physical custody  supervised physical custody of the following child(ren):

Name	Present Residence	Age
_____	_____	_____
_____	_____	_____

The child  was,  was not, born out of wedlock.

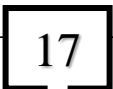

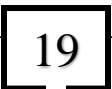
The child is presently in the custody of \_\_\_\_\_ (name) who resides at \_\_\_\_\_ (address)  
(Street) (City) (State) (ZipCode)


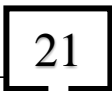
During the past five years, the child has resided with the following persons and at the following addresses:


List all Persons

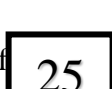

List all Addresses


Dates

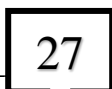
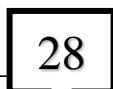

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_ 


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



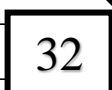
A parent of  is \_\_\_\_\_, currently residing at \_\_\_\_\_ This parent is  Married  Divorced  Single.

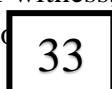
A parent of  is  \_\_\_\_\_, currently residing at \_\_\_\_\_ This parent is  Married  Divorced  Single.

4. The relationship of plaintiff to the child is that of . The plaintiff currently resides with the following persons:

Name	Relationship
_____ 	_____ 
_____	_____ 
_____	_____

5. The relationship of defendant to the child is that of . The defendant currently resides with the following persons:

Name	Relationship
_____ 	_____ 
 _____	_____
_____	_____

6. Plaintiff  has  has not, participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child in this court. The court, term, and number, and it's relationship to this action is: 

\_\_\_\_\_

34

Plaintiff ( ) has ( ) has no information of a proceeding concerning the child pending in a court of the Commonwealth. The court case number, and its relationship to this action is: \_\_\_\_\_.

36

35

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

37

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

7. The best interest and permanent welfare of the child will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the best interest and permanent welfare of the child):

38

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

8. Each parent whose parental rights to the child have not been terminated and the person who has physical custody of the child have been named as parties to this action. All other persons, named below, who are known to have or claim a right to custody of the child have been given notice of the pendency of this action and the right to intervene:

Name	Address	Basis of Claim
_____ <p>39</p> _____	_____ <p>40</p> _____	_____ <p>41</p> _____
_____	_____	_____

9. Plaintiff has attached the Criminal Record/Abuse History Verification form required pursuant to Pa. R.C.P. No. 1915.3-2.

42

44

43

WHEREFORE, Plaintiff requests the court to grant ( ) shared legal custody ( ) sole legal custody and ( ) partial physical custody ( ) primary physical custody ( ) sole physical custody ( ) shared physical custody ( ) supervised physical custody of the child.

45

\_\_\_\_\_  
Plaintiff's Signature

46

\_\_\_\_\_  
Plaintiff's Name

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

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

47

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

**VERIFICATION**

I verify that the statements made in this Complaint 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.

48

\_\_\_\_\_  
Plaintiff's Signature

**IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY**  
**PENNSYLVANIA CIVIL DIVISION**

Plaintiff	)	
	)	
	)	No. _____
	)	
v.	)	
	)	
	)	
Defendant	)	
	)	
	)	

**COMPLAINT FOR CUSTODY**

1. The plaintiff is \_\_\_\_\_ (name), residing at \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (County)

2. The defendant is \_\_\_\_\_ (name), residing at \_\_\_\_\_  
(Street) (City) (State) (Zip Code) (County)

3. Plaintiff seeks ( ) shared legal custody ( ) sole legal custody and  
( ) partial physical custody ( ) primary physical custody ( ) shared physical custody ( ) sole  
physical custody ( ) supervised physical custody of the following child(ren):

Name	Present Residence	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child ( ) was, ( ) was not, born out of wedlock.

The child is presently in the custody of \_\_\_\_\_ (name) who resides  
at \_\_\_\_\_ (address)  
(Street) (City) (State) (ZipCode)



During the past five years, the child has resided with the following persons and at the following addresses:

List all Persons	List all Addresses	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

A parent of the child is \_\_\_\_\_, currently residing at \_\_\_\_\_. This parent is  Married  Divorced  Single.

A parent of the child is \_\_\_\_\_, currently residing at \_\_\_\_\_. This parent is  Married  Divorced  Single.

4. The relationship of plaintiff to the child is that of \_\_\_\_\_. The plaintiff currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____

5. The relationship of defendant to the child is that of \_\_\_\_\_. The defendant currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____

6. Plaintiff  has  has not, participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child in this or another court. The court, term, and number, and it's relationship to this action is:

\_\_\_\_\_.

Plaintiff ( ) has ( )has no information of a custody proceeding concerning the child pending in a court of this Commonwealth. The court, term and number, and its relationship to this action is: \_\_\_\_\_.

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

---

---

7. The best interest and permanent welfare of the child will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the best interest and permanent welfare of the child):

---

---

---

8. Each parent whose parental rights to the child have not been terminated and the person who has physical custody of the child have been named as parties to this action. All other persons, named below, who are known to have or claim a right to custody of the child have been given notice of the pendency of this action and the right to intervene:

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

9. Plaintiff has attached the Criminal Record/Abuse History Verification form required pursuant to Pa. R.C.P. No. 1915.3-2.

WHEREFORE, Plaintiff requests the court to grant ( ) shared legal custody ( ) sole legal custody and ( ) partial physical custody ( ) primary physical custody ( ) sole physical custody ( ) shared physical custody ( ) supervised physical custody of the child.

\_\_\_\_\_  
Plaintiff's Signature

\_\_\_\_\_  
Plaintiff's Name

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

\_\_\_\_\_ (City, State, Zip)

\_\_\_\_\_ (Telephone)

**VERIFICATION**

I verify that the statements made in this Complaint 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.

\_\_\_\_\_  
Plaintiff's Signature

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

# **Complaint for Custody for Grandparents and Third Parties**

## **– Complaint Form 2**

If you are filing for custody as a grandparent or third party with no existing Court issued Custody Order, you will fill out the Complaint for Custody – Complaint Form 2. Even if there is an informal custody arrangement between you and another party, if there is no Custody Order issued by the Court, a Complaint for Custody will be needed to petition the court for custody of the child.

*The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.*

Box 1: Print the name of the county in which you are filing your custody action. See "Where do I File?" in the Introduction for more information about what county you should file in.

Box 2: Print your name exactly as you wrote it on the other forms.

Box 3: If you have been assigned a docket number, print it here. If you have not been assigned a docket number, leave this area blank until you have been.

Box 4: Print the name of father against whom you are filing. Print his name exactly as you wrote it on all other forms.

Box 5: Print the name of mother against whom you are filing. Print her name exactly as you wrote it on all other forms.

**Complete the form by filling in all the information that applies to you on pages 1 through 4. Answer each question completely.**

Box 6: Print your name.

Box 7: Print your current address.

Box 8: Print the name of the child's father (defendant).

Box 9: Print the address of the father, including street, city, state, zip code, and county.

Box 10: Print the name of the child's mother (defendant).

Box 11: Print the address of the mother, including street, city, state, zip code, and county.

Box 12: Check what kind of legal custody you are seeking.

Box 13: Check what kind of physical custody you are seeking.

Box 14: Print the name(s) of the child(ren) for whom you seek custody.

Box 15: Print the current address of the child(ren) for whom you seek custody.

Box 16: Print the date(s) of birth and age(s) of the child(ren) for whom you seek custody.

Box 17: Check either “was” or “was not” to indicate whether the child(ren) were or were not born out of wedlock (that is, born during the marriage). Custody Form 2 Grandparents Complaint Instructions

Box 18: Print the name(s) of the person(s) with whom the child(ren) currently lives.

Box 19: Print the address of the person(s) with whom the child(ren) currently lives.

Box 20: Print the names of the person(s) with whom the child(ren) lived for the last five years.

Box 21: Print the addresses where the children have lived for the last five years.

Box 22: Print the dates the child(ren) lived with each person(s) for the last five years.

Box 23: Print the name of the child(ren)’s parent. Box 24: Print the parent’s current address.

Box 25: Indicate parent’s marital status by checking married, divorced or single.

Box 26: Print the name of the child(ren)’s other parent.

Box 27: Print the other parent's address.

Box 28: Indicate the other parent's marital status by checking married, divorced or single.

Box 29: How is plaintiff related to the child(ren) (for example, mother, father, etc.).

Box 30: Print the name(s) of anyone with whom the plaintiff currently lives.

Box 31: Print the relationship that person has with the plaintiff (for example, husband, wife, fiancé, brother, sister, child, etc.).

Box 32: How is defendant related to the child(ren) (for example, mother, father, etc.).

Box 33: Print the name(s) of anyone with whom the defendant currently lives.

Box 34: Print the relationship that person has with the defendant (for example, husband, wife, fiancé, brother, sister, child, etc.).

Box 35: Have you been a party or witness in another case involving custody of the child(ren)? If you have, check "has," if not, check "has not."

Box 36: If you checked "has," complete.

Box 36 with the court (county), term (year), case number and its relation to this action; if you checked "has not" leave blank.

Box 37: Do you know of another case involving the same parties (PFA, dependency custody)? If you do, check "has," if not, check "has not." Custody Form 2 Grandparents Complaint Instructions

Box 38: If you checked "has," complete Box 38 with the court (county), term (year), case number and its relation to your action. If you checked "has not" leave blank.

Box 39: Do you know of any person who is not plaintiff or defendant in your case who has the child living with him or her, or who claims to have custody rights to the child(ren)? If you do, check "knows," if not, check "does not know."

Box 40: If you checked "knows," print the name and address of the person. If you checked "does not know" leave blank.

Box 41: State the reasons you believe the best interest and permanent welfare of the child(ren) will be served by the Court's granting your request for custody.

Box 42: If there is anyone else who may have a right to custody of the child(ren) print their name here.

Box 43: If you provided a name for Box 42, print the address here.

Box 44: If you provided a name for Box 42, state the reasons for their claim for custody.

Box 45: If you are a grandparent or other third party, you must read the Custody Act (23 Pa.C.S. § 5324(3)) below, and state why you are entitled to request physical or legal custody.

**§ 5324(3). Standing for any form of physical custody or legal custody.**

(3) A grandparent of the child who is not in loco parentis to the child:

(i) whose relationship with the child began either with the consent of a parent of the child or under a court order;

(ii) who assumes or is willing to assume responsibility for the child; and

(iii) when one of the following conditions is met:

(A) the child has been determined to be a dependent child under 42 Pa.C.S. Ch. 63 (relating to juvenile matters);

(B) the child is substantially at risk due to parental abuse, neglect, drug or alcohol abuse or incapacity; or

(C) the child has, for a period of at least 12 consecutive months, resided with the grandparent, excluding brief temporary absences of the child from the home, and is removed from the home by the parents, in which case the action must be filed within six months after the removal of the child from the home.

Box 46: If you are a grandparent or other third party, you must read the Custody Act (23 Pa.C.S. § 5325) below, and state why you are entitled to request for partial physical custody.

**§ 5325. Standing for partial physical custody and supervised physical custody.**

In addition to situations set forth in section 5324 (relating to standing for any form of physical custody or legal custody), grandparents and great-grandparents may file an action under this chapter for partial physical custody or supervised physical custody in the following situations:

- (1) where the parent of the child is deceased, a parent or grandparent of the deceased parent may file an action under this section;
- (2) where the relationship with the child began either with the consent of a parent of the child or under a court order and where the parents of the child:
  - (i) have commenced a proceeding for custody; and
  - (ii) do not agree as to whether the grandparents or great-grandparents should have custody under this section; or
- (3) when the child has, for a period of at least 12 consecutive months, resided with the grandparent or great-grandparent, excluding brief temporary absences of the child from the home, and is removed from the home by the parents, an action must be filed within six months after the removal of the child from the home.  
(May 4, 2018, P.L.112, No.21, eff. 60 days)

Box 47: If you are a grandparent or other third party, you must read the Custody Act (23 Pa.C.S. § 5324(2)) below, and state why you are entitled to request physical or legal custody.

**§ 5324(2). Standing for any form of physical custody or legal custody.**

The following individuals may file an action under this chapter for any form of physical custody or legal custody:

- (2) A person who stands in loco parentis to the child.

Box 48: Attach a completed Criminal Record/Abuse History Verification Form (Form 3)

Box 49: Check what kind of legal custody you are seeking

Box 50: Check what kind of physical custody you are seeking.

Box 51: Sign your name, print your name, address and telephone number.

Box 52: After reviewing your complaint, making sure everything you stated is true and correct, sign your name to the verification, and complete the date.





17

The child ( ) was, ( ) was not, born out of wedlock.

18

The child is presently in the \_\_\_\_\_ (name)

who resides at \_\_\_\_\_ (address).

(Street)

(City)

(State)

(Zip Code)

During the past five years, the child has resided with the following persons and at the following addresses:

List all Persons 20

List all Addresses 21

Dates 22

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

The parent 24 child is 23, currently residing at 25

The parent is ( ) Married ( ) Divorced ( ) Single.

The parent 27 child is 26, currently residing at 28

This parent is ( ) Married ( ) Divorced ( ) Single.

5. The relationship of plaintiff to the child is that of 29

The plaintiff currently resides with the following persons:

Name 30 Relationship 31

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

6. The relationship of defendant to the child is that of 32

The defendant currently resides with the following persons:

33

34

Name

Relationship

---

---

---

35

7. Plaintiff ( ) has ( ) has not, participated as a party or witness or in another capacity, in other litigation concerning the custody of the child in this or another court. The court, term, and number of such relationship to this action is \_\_\_\_\_.

37

36

Plaintiff ( ) has ( ) has no information of a custody proceeding concerning the child pending in a court of this Commonwealth. The court term and number, and its relationship to this action is:

38

39

Plaintiff ( ) knows ( ) does not know, of a person not a party to the proceedings who has physical custody of the child or claims to have custodial rights with respect to the child. The names and Address of such persons are:

40

---

---

8. The best interest and permanent welfare of the child will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the best interest and permanent welfare of the child).

41




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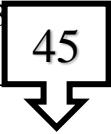
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9. Each parent whose parental rights to the child have not been terminated and the person who has physical custody of the child have been named as parties to this action. All other persons,

named below, who are known to have or claim a right to custody of the child have been given notice of the pendency of this action and the right to intervene:

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

10. (a) If the plaintiff is a grandparent who is not in loco parentis to the child and is seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5323, you must plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(3).




\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) If the plaintiff is a grandparent or great-grandparent who is seeking partial physical custody or supervised physical custody pursuant to 23 Pa.C.S. § 5325, you must plead facts establishing standing pursuant to § 5325.




\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) If the Plaintiff is a person seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5324(2) as a person who stands in loco parentis to the child, you must plead facts establishing Standing.



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

48

11. The plaintiff has attached the Criminal Record/Abuse History Verification form required pursuant to PA.R.C.P. No. 1915.3-2

49

50

WHEREFORE, Plaintiff requests the court to grant ( ) shared legal custody ( ) sole legal custody and ( ) partial physical custody ( ) primary physical custody ( ) sole physical custody ( ) shared physical custody ( ) supervised physical custody of the child.

51

\_\_\_\_\_

Plaintiff's Signature

\_\_\_\_\_

Plaintiff's Name

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

\_\_\_\_\_ (City, State, Zip)

\_\_\_\_\_ (Telephone)

**VERIFICATION**

I verify that the statements made in this Complaint 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.

52

\_\_\_\_\_

Plaintiff's Signature

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

**IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA**

\_\_\_\_\_, )  
Plaintiff )  
 )  
 )  
 )  
v. )  
 )  
 )  
 )  
\_\_\_\_\_, )  
Defendant )  
 )

No. \_\_\_\_\_

**COMPLAINT FOR CUSTODY**  
**(Grandparents and Third Parties)**

1. The plaintiff is \_\_\_\_\_ (name), residing at

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

2. The defendant is \_\_\_\_\_ (name), residing at

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

3. The defendant is \_\_\_\_\_ (name), residing at

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

4. Plaintiff seeks ( ) shared legal custody ( ) sole legal custody and ( ) partial physical custody  
( ) primary physical custody ( ) shared physical custody ( ) sole physical custody ( )  
supervised physical custody of the following child(ren):

Name	Address	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child ( ) was, ( ) was not, born out of wedlock.

The child is presently in the custody of \_\_\_\_\_ (name)  
who resides at \_\_\_\_\_ (address).  
(Street) (City) (State) (Zip Code)

During the past five years, the child has resided with the following persons and at the following addresses:

List all Persons	List all Addresses	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

The parent of the child is \_\_\_\_\_, currently residing at \_\_\_\_\_.

The parent is  Married  Divorced  Single.

The parent of the child is \_\_\_\_\_, currently residing at \_\_\_\_\_.

This parent is  Married  Divorced  Single.

5. The relationship of plaintiff to the child is that of \_\_\_\_\_.

The plaintiff currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____

6. The relationship of defendant to the child is that of \_\_\_\_\_.

The defendant currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____

7. Plaintiff ( ) has ( ) has not, participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child in this or another court. The court, term, and number, and its relationship to this action is \_\_\_\_\_.

Plaintiff ( ) has ( ) has no information of a custody proceeding concerning the child pending in a court of this Commonwealth. The court, term and number, and its relationship to this action is:

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

Plaintiff ( ) knows ( ) does not know, of a person not a party to the proceedings who has physical custody of the child or claims to have custodial rights with respect to the child.

The names and Address of such person is:

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

8. The best interest and permanent welfare of the child will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the best interest and permanent welfare of the child).

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

9. Each parent whose parental rights to the child have not been terminated and the person who has physical custody of the child have been named as parties to this action. All other persons, named below, who are known to have or claim a right to custody of the child have been given notice of the pendency of this action and the right to intervene:

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

10. (a) If the plaintiff is a grandparent who is not in loco parentis to the child and is seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5323, you must plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(3).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) If the plaintiff is a grandparent or great-grandparent who is seeking partial physical custody or supervised physical custody pursuant to 23 Pa.C.S. § 5325, you must plead facts establishing standing pursuant to § 5325.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) If the Plaintiff is a person seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5324(2) as a person who stands in loco parentis to the child, you must plead facts establishing Standing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



11. The plaintiff has attached the Criminal Record/Abuse History Verification form required pursuant to PA.R.C.P. No. 1915.3-2

WHEREFORE, Plaintiff requests the court to grant ( ) shared legal custody ( ) sole legal custody and ( ) partial physical custody ( ) primary physical custody ( ) sole physical custody ( ) shared physical custody ( ) supervised physical custody of the child.

\_\_\_\_\_

Plaintiff's Signature

\_\_\_\_\_

Plaintiff's Name

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

\_\_\_\_\_ (City, State, Zip)

\_\_\_\_\_ (Telephone)

**VERIFICATION**

I verify that the statements made in this Complaint 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.

\_\_\_\_\_

Plaintiff's Signature

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

## **Petition to Proceed in Forma Pauperis – Form 4**

When filing for custody, it is generally required that the petitioner pay court and filing fees.

However, the courts do understand that this is not possible for some individuals. If you are unsure if you will be able to pay for filing fees, you will need to fill out the Petition to Proceed in Forma Pauperis. If it is granted, filing fees may be waived and filing for Emergency Custody will be free of cost to you. Be sure to fill this form out carefully and completely.

*The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form*

Box 1: Print the county in which you are filing for custody.

Box 2: Print your name as you did on the complaint.

Box 3: If you have been assigned a docket number by the prothonotary office, you will print it in on this line. If you have not been assigned a docket number leave this line black until you have been assigned one.

Box 4: Print the defendant's name as you did on the complaint.

Box 5: You will leave the lines for the date empty so that the Judge can fill them out.

Box 6: Leave this line empty. The Judge will sign this line upon granting the motion.

Box 7: Print the county in which you are filing for custody.

Box 8: Print your name as you did on the complaint.

Box 9: If you have been assigned a docket number, you will print it in on this line. If you have not been assigned a docket number, leave this space empty until you have been assigned one.

Box 10: Print the name of the Defendant as you did on the complaint.

Box 11: Print your name and your address on the appropriate lines.

Box 12: If you are currently employed, use these lines to designate who your employer is, what their address is, your salary or wages at that job, and the type of work you do with that employer.

Box 13: If you are presently unemployed, use these lines to indicate the date you were employed last, the salary or wages you made at that job, and the type of work done.

Box 14: In section c, you are to indicate any other income that you have received within the last 12 months. On these lines, you are to list any income that has come from business, self-employment other than your job, interest on accounts/investments, dividends, pensions and annuities, social security benefits, support payments, disability payments, unemployment compensation/supplemental benefits, worker's compensation, public assistance, and other forms of income you may receive not listed.

Box 15: In section d, you are to list gross amounts of income contributed to the household by members of the household other than yourself. This includes spousal income, and their employment information, children's contributions, parental contributions, and other contributions from others in the household.

Box 16: In section e, you are to list any property owned. Property includes not only real estate, but cash, money in checking and savings accounts, certificates of deposit, motor vehicles, stocks and bonds, and other like property.

Box 17: In Section f, you are to list any regular monthly obligations such as your mortgage, rent, loans, utilities, insurance and other bills.

Box 18: In section g, you are to list all of your dependents and persons who depend upon you for support. This can include but is not limited to a spouse, children, or elderly parents.

Box 19: Print the date.

Box 20: Sign your name on the line.

1  
 COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
 PENNSYLVANIA

2 \_\_\_\_\_,  
 Plaintiff

3  
 No. \_\_\_\_\_

)  
 )  
 )  
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 )  
 )  
 )  
 )  
 )  
 )  
 )  
 )

v.

4 \_\_\_\_\_,  
 Defendant

**ORIGINAL MOTION TO PROCEED IN FORMA PAUPERIS**

5 AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Petitioner's Motion  
 to Proceed In Forma Pauperis is granted as to the filing fees and costs.

BY THE COURT,

6  
 \_\_\_\_\_ J.

THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA

\_\_\_\_\_ )  
Plaintiff )

No. \_\_\_\_\_ )

v. )

\_\_\_\_\_ )  
Defendant )

**PETITION TO PROCEED IN FORMA PAUPERIS & AFFIDAVIT**

1. I am the petitioner in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending this 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:

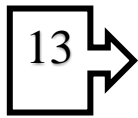
**11** → a.) My Name is: \_\_\_\_\_  
My Address is: \_\_\_\_\_  
\_\_\_\_\_

b.) Employment:

**12** → If you are presently employed, state your:  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

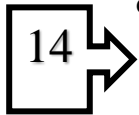


If you are presently unemployed, state:

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

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

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



c.) Please list any other income received within the past twelve months:

(Write the gross amount (before taxes) per month that you received and the months you received this income.)

Business or profession: \_\_\_\_\_

Other self-employment: \_\_\_\_\_

Interest: \_\_\_\_\_

Dividends: \_\_\_\_\_

Pension and annuities: \_\_\_\_\_

Social security benefits: \_\_\_\_\_

Support payments: \_\_\_\_\_

Disability payments: \_\_\_\_\_

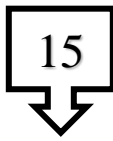
Unemployment compensation and/or supplemental benefits:

\_\_\_\_\_

Workers' Compensation: \_\_\_\_\_

Public assistance: \_\_\_\_\_

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



d.) Other contributions to household support:

(Write the gross amount (before taxes) per month that you received and the months you received this income.)

(Wife) (Husband) Name: \_\_\_\_\_

If your (wife) (husband) is employed, please state

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

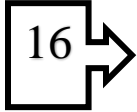
Salary or wages per month: \_\_\_\_\_

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: \_\_\_\_\_

17

f.) Debts and obligations:

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

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

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

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

\_\_\_\_\_

(Write all of your regular monthly bills, phone, utilities, cable, insurance, etc.)

18

g.) Persons dependent upon you for support:

(Wife/Husband) Name: \_\_\_\_\_

Children, if any:

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

\_\_\_\_\_

\_\_\_\_\_

Other persons:

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

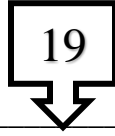
Relationship: \_\_\_\_\_

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.

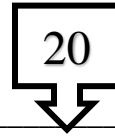


5. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 3a.C.S. § 4904, Relating to unsworn falsification to authorities.

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



\_\_\_\_\_  
Petitioner





**IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA**

\_\_\_\_\_,  
Plaintiff )  
)  
) No. \_\_\_\_\_  
)  
)  
)  
v. )  
)  
)  
\_\_\_\_\_, )  
Defendant )  
)

**PETITION TO PROCEED IN FORMA PAUPERIS & AFFIDAVIT**

1. I am the petitioner in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending this 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.) My Name is: \_\_\_\_\_

My Address is: \_\_\_\_\_

\_\_\_\_\_

b.) Employment:

If you are presently employed, state your:

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

Employer's 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.) Please list any other income received within the past twelve months:

(Write the gross amount (before taxes) per month that you received and the months you received this income.)

Business or profession: \_\_\_\_\_

Other self-employment: \_\_\_\_\_

Interest: \_\_\_\_\_

Dividends: \_\_\_\_\_

Pension and annuities: \_\_\_\_\_

Social security benefits: \_\_\_\_\_

Support payments: \_\_\_\_\_

Disability payments: \_\_\_\_\_

Unemployment compensation and/or supplemental benefits:  
\_\_\_\_\_

Workers' Compensation: \_\_\_\_\_

Public assistance: \_\_\_\_\_

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

d.) Other contributions to household support:

(Write the gross amount (before taxes) per month that you received and the months you received this income.)

(Wife) (Husband) Name: \_\_\_\_\_

If your (wife) (husband) is employed, please state

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

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: \_\_\_\_\_

\_\_\_\_\_

(Write all of your regular monthly bills, phone, utilities, cable, insurance, etc.)

g.) Persons dependent upon you for support:

(Wife/Husband) Name: \_\_\_\_\_

Children, if any:

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

\_\_\_\_\_

\_\_\_\_\_

Other persons:

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 3a.C.S. § 4904, Relating to unsworn falsification to authorities.

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

\_\_\_\_\_

Petitioner

## **Serving a Defendant – What to do**

After filing for Emergency Custody at the Prothonotary Office in your county, the defendant will need to be served with the documents that you filed with the court. Service is when the Defendant is given a copy of all documents that have been filed with the court. In addition to all documents filed with the court, the packet given the defendant will need to include a blank copy of the **Criminal Record/Abuse History** for the Defendant to fill out. Blank Criminal Record/Abuse History and Notice to Defend forms are attached to the end of this packet.

There are two common types of service, **Personal Service** and **Original Process by Mail**.

**Personal Service** is when an authorized process server who is over the age of 18 and not a party in the case hands the documents directly to the Defendant in a location where the Defendant lives, works, or is at frequently. After the documents have been served by Personal Service, an **Affidavit of Personal Service** will need to be filled out and be signed by the process server. This form, as well as instructions on how it is filled out, is attached to this packet in the following pages.

**Original Process by Mail** can also be used to serve all documents on the Defendant and can be done by anyone. Original Process by Mail is when you mail the copies of the documents you filed with the court to the Defendant by certified mail through the post office. It is important that after sending the documents by certified mail you keep the green card as proof of service. An Affidavit of Service of **Original Process by Mail** will then need to be filled out and signed. This form, as well as instructions on how to fill it out, is attached to this packet in the following pages.

The following two forms are the Affidavit of Personal Service and the Affidavit of Service of Original Process by Mail forms. You do not need to fill out both. Just fill out the affidavit that corresponds with the way in which the Defendant was served.



## **Affidavit of Personal Service – Service Form 1**

Once the previous documents have been filed with the Prothonotary Office in your county, you will now have to have the documents served upon the Defendant. After an authorized Process Server has served the documents on the Defendant, the Affidavit of Personal Service will have to be filled out and signed by the process server.

*The numbers on these instructions correspond with the numbers in the boxes on the form in order to show you how the person serving the papers is to fill out the form.*

Box 1. Print the name of the county in which you filed.

Box 2: Print your name exactly as you wrote it on the Complaint.

Box 3. Print the docket number assigned by the office where legal pleadings are filed.

Box 4: Print the name of the defendant exactly as it appears on the Complaint.

**THE PERSON SERVING THE PAPERS MUST COMPLETE THE FOLOWING PARTS OF THE FORM. HE OR SHE MUST READ THE STATEMENT BEFORE SIGNING.**

Box 5: Print the name of the person who is serving the court papers. Pa. R.C.P. 76 “Competent Adult”.

Box 6: Print the date the papers were given to the Defendant.

Box 7: If you are filing for divorce, check this line.

Box 8: If you are filing for custody, check this line.

Box 9: Print today’s date.

Box 10: The person who served the Defendant must sign his or her name. File this form in the office where legal pleadings are filed.

IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA CIVIL DIVISION

\_\_\_\_\_,  
Plaintiff  
v.  
\_\_\_\_\_,  
Defendant  
No. \_\_\_\_\_

**AFFIDAVIT OF SERVICE BY PERSONAL SERVICE**

**Pursuant to 1930.4**

I, \_\_\_\_\_, hereby depose and say that I am 18 years or older, and am \_\_\_\_\_ party to the action, nor an employee or a relative of a party.  
\_\_\_\_\_ I personally served the defendant by handing to him or her a \_\_\_\_\_ Complaint in Divorce, Notice to Defend and Claim Rights, and Notice of availability of Counseling,  
\_\_\_\_\_ Custody Complaint, Notice to Defend, and blank Criminal Record/Abuse History.

I verify that the statements in this document are true and correct to the best of my knowledge, information, and 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: \_\_\_\_\_

Respectfully Submitted,  
\_\_\_\_\_  
Signature of Person who Served Defendant  
(not Plaintiff)

**IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA CIVIL DIVISION**

Plaintiff	)	
	)	
	)	No. _____
	)	
v.	)	
	)	
	)	
Defendant	)	
	)	

**AFFIDAVIT OF SERVICE BY PERSONAL SERVICE**  
**Pursuant to 1930.4**

I, \_\_\_\_\_, hereby depose and say that I am 18 years or older, and am not a party to the action, nor an employee or a relative of a party.

On \_\_\_\_\_ I personally served the defendant by handing to him or her a:

- \_\_\_\_\_ Complaint in Divorce, Notice to Defend and Claim Rights, and Notice of availability of Counseling,
- \_\_\_\_\_ Custody Complaint, Notice to Defend, and blank Criminal Record/Abuse History.

I verify that the statements in this document are true and correct to the best of my knowledge, information, and 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.

Respectfully Submitted,

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

\_\_\_\_\_  
Signature of Person who Served Defendant  
(not Plaintiff)

## **Affidavit of Service of Original Process by Mail – Form 2**

Once the previous documents have been filed with the Prothonotary Office in your county, you will now have to serve the documents upon the Defendant. This can be done by mailing the documents you filed with the court along with a blank **Criminal Record/Abuse History** form for the Defendant to fill out through certified mail. You will then need to keep the green card that the Defendant is to sign as proof that the Defendant has been served with all pertinent documents.

*The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.*

Box 1: Print the name of the county in which you filed.

Box 2: Print your name exactly as you wrote it on the Complaint.

Box 3: Print the docket number assigned by the office where legal pleadings are filed.

Box 4: Print the name of the defendant exactly as is appears on the Complaint.

Box 5: Print the date you mailed the court documents.

Box 6: Print your name.

Box 7: If you filed a divorce case, check here making sure you sent everything listed.

Box 8: If you filed a custody case, check here making sure you sent everything listed.

Box 9: Print the date the defendant signed the postal service “green card.”

Box 10: Print today’s date.

Box 11: Sign your name.

**On a separate piece of paper, tape the green card, with the date and signature side showing, attach the paper to the Affidavit and file it with the office where legal pleadings are filed.**

1

2

COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA CIVIL DIVISION

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

3

No. \_\_\_\_\_

v.

4

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

**AFFIDAVIT OF SERVICE BY MAIL**

**Pursuant to Pa. R.C.P. 1930.4**

6

I. On \_\_\_\_\_, (date documents mailed) I \_\_\_\_\_, Plaintiff in  
the within action, mailed a copy of the:

7  
8

\_\_\_ **Divorce:** Divorce Complaint, Notice to Defend and Claim Rights, and Notice of Availability of Counseling

\_\_\_ **Custody:** Custody Complaint, Notice to Defend, and Criminal Record / Abuse History Verification

to the Defendant by Certified Mail, Return Receipt Requested, Deliver to Addressee Only and regular mail, at Defendant's last known address, as indicated on the attached mailing receipt.

2. On \_\_\_\_\_, (date of defendant's signature on green return card), Defendant received the aforesaid Complaint. The mailing receipt and return receipt card evidencing the same are attached hereto and made a part hereof.

I verify that the statements in this document are true and correct to the best of my knowledge, information, and 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.

10

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

Respectfully Submitted,

11

\_\_\_\_\_  
Plaintiff's Signature

**IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY  
PENNSYLVANIA CIVIL DIVISION**

\_\_\_\_\_, )  
Plaintiff )  
)  
)  
) No. \_\_\_\_\_  
)  
v. )  
)  
)  
)  
\_\_\_\_\_, )  
Defendant )  
)  
)

**AFFIDAVIT OF SERVICE BY MAIL**

**Pursuant to Pa. R.C.P. 1930.4**

I. On \_\_\_\_\_, (date documents mailed) I \_\_\_\_\_, Plaintiff in the within action, mailed a copy of the:

\_\_\_ **Divorce:** Divorce Complaint, Notice to Defend and Claim Rights, and Notice of Availability of Counseling

\_\_\_ **Custody:** Custody Complaint, Notice to Defend, and Criminal Record / Abuse History Verification

to the Defendant by Certified Mail, Return Receipt Requested, Deliver to Addressee Only and regular mail, at Defendant's last known address, as indicated on the attached mailing receipt.

2. On \_\_\_\_\_, (date of defendant's signature on green return card), Defendant received the aforesaid Complaint. The mailing receipt and return receipt card evidencing the same are attached hereto and made a part hereof.

I verify that the statements in this document are true and correct to the best of my knowledge, information, and 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.

Respectfully Submitted,

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

\_\_\_\_\_  
Plaintiff's Signature