

Scheduling Order

Form 5

Scheduling Order

The following numbers on these instructions correspond with the numbers in the boxes on the Order of Court form.

- Box 1: Print the county in which you are filing your complaint/petition. See *"Where do I File?"* in the Introduction for more information about what county you should file in.
- Box 2: Print the name of the plaintiff (the person who initiated the original action) exactly as it appears on all other forms in this action.
- Box 3: Print the case number that has been assigned to your case (this can be found on your custody complaint or order).
- Box 4: Print the name of the defendant (the person who the original action was filed against) exactly as it appears on all other forms in this action.
- Box 5: Print the opposing party's name; check either "defendant" or "respondent" (if the opposing party is the defendant in the matter, then check "defendant," but if he or she is the plaintiff (responding to your filing) then check "respondent").
- Box 6: Check "obtain" if this is the original complaint; check "modify" if you are trying to change an order.
- Box 7: Check what kind of legal custody you are seeking. (See definitions in introduction).
- Box 8: Check what kind of physical custody you are seeking.
- Box 9: Print the name(s) of the child(ren).
- Box 10: **Leave blank. Court Administration will complete.**
- Box 11: **Print: Cameron County Prothonotary
20 E 5th St
Emporium, PA 15834
(814) 486-3349**
- Box 12: Print the name of the county in which you are filing.
- Box 13: Leave blank.

IN THE COURT OF COMMON PLEAS OF 1 COUNTY, PENNSYLVANIA

2
Plaintiff

v.

4
Defendant

:
:
:
:

NO. 3

IN CUSTODY

ORDER OF COURT

You, 6 5 7 () defendant () respondent, have been sued in court to () OBTAIN () MODIFY ☐ shared legal custody ☐ sole legal custody and ☐ partial physical custody ☐ primary physical custody ☐ shared physical custody ☐ sole physical custody ☐ supervised physical custody of the child(ren):

9

You are ordered to appear in person at 10
(Address)

on, _____, at _____ M., for
(Day and Date) (Time)

- ☐ a conciliation or mediation conference.
- ☐ a pretrial conference.
- ☐ a hearing before the court.

If you fail to appear as provided by this order, an order for custody may be entered against you or the court may issue a warrant for your arrest.

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

No party may make a change in the residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all of the applicable provisions of 23 Pa.C.S. § 5337 and Pa.R.C.P. No. 191517 regarding relocation.

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

11

(Name)

(Street Address)

(City, State, Zip Code)

(Telephone)

AMERICANS WITH DISABILITIES ACT OF 1990

12

The Court of Common Pleas of _____ County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

BY THE COURT

13

Date: _____

J.

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

Plaintiff : NO. _____
v. :

Defendant : CUSTODY

ORDER OF COURT

You, _____ () defendant () respondent, have been
sued in court to () OBTAIN () MODIFY () shared legal custody () sole legal custody
and () partial physical custody () primary physical custody () shared physical custody () sole
physical custody () supervised physical custody of the child(ren):

You are ordered to appear in person at _____
(Address)
on, _____, at _____, __ M., for
(Day and Date) (Time)

- ☐ a conciliation or mediation conference.
☐ a pretrial conference.
☐ a hearing before the court.

If you fail to appear as provided by this order, an order for custody may be entered against you or the court may issue a warrant for your arrest.

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

No party may make a change in the residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all of the applicable provisions of 23 Pa.C.S. § 5337 and Pa.R.C.P. No. 191517 regarding relocation.

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

(Name)

(Street Address)

(City, State, Zip Code)

(Telephone)

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of _____ County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

BY THE COURT

Date: _____

J.

Complaint for Custody

FOR GRANDPARENTS AND THIRD PARTIES

Form 2

Complaint for Custody
For Grandparents and Third Parties

The numbers on these instructions correspond with the numbers in the boxes on the complaint 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: Leave blank. The prothonotary / clerk of court will assign a number to your case and will write your case number on your complaint.
- 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).

- 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."

- 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 and state why you are entitled to request physical or legal custody.
- Box 46: If you are a grandparent or other third party, you must read the Custody Act and state why you are entitled to request for partial physical custody.
- Box 47: **Attach a completed Criminal Record/Abuse History Verification form (Custody Form 3).**
- Box 48: Check what kind of legal custody you are seeking.
- Box 49: Check what kind of physical custody you are seeking.
- Box 50: Sign your name, print your name, address and telephone number.
- Box 51: After reviewing your complaint, making sure everything you stated is true and correct, sign your name to the verification, and complete the date.

IN THE COURT OF COMMON PLEAS OF 1 COUNTY, PENNSYLVANIA

2
Plaintiff
v. 4
Defendant 5
Defendant

No. 3

IN CUSTODY

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

1. The plaintiff is 6 (name), residing at
7 (Street) 8 (City) (State) (Zip Code) (County)

2. The defendant is (name), residing at
9 (Street) 10 (City) (State) (Zip Code) (County)

3. The defendant is (name), residing at
11 (Street) 12 (City) (State) (Zip Code) 13 (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 <u>14</u>	Address <u>15</u>	Date of Birth <u>16</u>
<u>17</u>		

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

The child is presently in the custody of 18 (name) who resides at 19 (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 25 24, currently residing at

This parent is ☒ married ☐ divorced ☐ single.

The parent of the child is [redacted] 27, 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 name 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.

49 WHEREFORE, Plaintiff requests the court to grant ☐ shared legal custody ☐ sole legal custody ☐ partial physical custody ☐ primary physical custody ☐ shared physical custody ☐ sole physical custody ☐ supervised physical custody of the child.

48
50
Plaintiff's Signature

Plaintiff's Name

(Address)

(Address)

(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.

51
Plaintiff's Signature

Date: _____

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

Plaintiff

v.

Defendant

Defendant

No. _____

IN CUSTODY

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:

<u>List all Persons</u>	<u>List all Addresses</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

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

The defendant currently resides with the following persons:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

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 name 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:

<u>Name</u>	<u>Address</u>	<u>Basis of Claim</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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: _____

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 34 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 35: List any evaluation, counseling or other treatment you or a member of your household received for any convictions listed above.

Box 36: 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 37: If you know of a criminal history of the other party, or a member of the other party's household, state the information.

Box 38: Sign your name.

Box 39: 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> Check all that apply	<u>7</u> Crime	<u>8</u> Self	<u>9</u> Other household member	<u>10</u> Date of conviction, guilty plea or no contest plea, or pending charges	<u>11</u> Sentence
<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. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

12
↓13
↓14
↓15
↓16
↓17
↓Check
all that
applyCrimeSelfOther
household
memberDate of
conviction, guilty
plea or no
contest plea, or
pending
chargesSentence

<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. § 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. § 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. § 3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

18
↓19
↓20
↓21
↓22
↓23
↓Check
all that
applyCrimeSelfOther
household
memberDate of
conviction, guilty
plea or no
contest plea, or
pending
chargesSentence

<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. § 5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5903(c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

24
↓25
↓26
↓27
↓28
↓29
↓Check
all that
applyCrimeSelfOther
household
memberDate of
conviction, guilty
plea or no
contest plea, or
pending
chargesSentence

<input type="checkbox"/>	18 Pa.C.S. § 6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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

30
↓Check
all that
apply31
↓Crime32
↓Self33
↓Other
Household
Member34
↓Date

<input type="checkbox"/>	A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--	--------------------------	--------------------------	-------

- | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Involvement with Children & Youth or similar agency in Pennsylvania or another jurisdiction. Where?_____. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Other:_____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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

35
↓

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.

36
↓

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:

37
↓

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.

38
↓

Signature

39
↓

Printed Name

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

Plaintiff

v.

Defendant

:
:
:
:
:
:
:

No. _____

CUSTODY

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:

<u>Check all that apply</u>	<u>Crime</u>	<u>Self</u>	<u>Other household member</u>	<u>Date of conviction, guilty plea or no contest plea, or pending charges</u>	<u>Sentence</u>
<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. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check all that apply	<u>Crime</u>	<u>Self</u>	<u>Other household member</u>	<u>Date of conviction, guilty plea or no contest plea, or pending charges</u>	<u>Sentence</u>
<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. § 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. § 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. § 3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check all that apply	<u>Crime</u>	<u>Self</u>	<u>Other household member</u>	<u>Date of conviction, guilty plea or no contest plea, or pending charges</u>	<u>Sentence</u>
<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. § 5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5903(c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<u>Check all that apply</u>	<u>Crime</u>	<u>Self</u>	<u>Other Household Member</u>	<u>Date of conviction, guilty plea or no contest plea, or pending charges</u>	<u>Sentence</u>
<input type="checkbox"/>	18 Pa.C.S. § 6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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

<u>Check all that apply</u>		<u>Self</u>	<u>Other Household Member</u>	<u>Date</u>
<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"/>	_____

**Check
all that
apply**

Self

**Other
Household
Member**

Date

- | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|
| <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 or similar agency in Pennsylvania or another jurisdiction. Where? _____. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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

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

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

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

Signature

Date: _____

Printed Name

Self-Represented Party Entry of Appearance

Self-Represented Party Entry of Appearance

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 the case is filed.

Box 2: Print the name of plaintiff exactly as is appears on the Complaint.

Box 3. Print the docket number that the office where legal pleadings are filed wrote on Complaint at the time of filing.

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

Box 5: Check whether this is a custody case or a divorce case.

Box 6: Print your name and check whether you are the plaintiff or the defendant.

Box 7: If you were represented by an attorney in this case, and no longer want his or her representation, check here. The attorney may also complete this section.

Box 8: Complete this section with an address and telephone so that you receive court papers, either from the court or from another party. This address does not need to be your home address.

This form must be filed, and a copy sent to all parties and attorneys, including an attorney removed from the case.

IN THE COURT OF COMMON PLEAS OF 1 COUNTY PENNSYLVANIA

2
Plaintiff

v. 4
Defendant

No. 3

5 CUSTODY 5 DIVORCE

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY
PURSUANT TO Pa.R.C.P. No. 1930.8**

6
I, _____, () Plaintiff or () Defendant, represent myself in the
within action.

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

7 → _____ Remove _____, Esq., as my attorney of record.

_____ Withdraw my appearance for the filing party.

_____ Esq. (Print name) ID# _____

_____ Signature DATE: _____

I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

All pleadings and legal papers can be served on me at the address listed below, which may or may not be my home address pursuant to Rule 1930.8:

8 → _____
Print Name

Signature

Telephone number

Address

Fax number

City, State, Zip Code

Date

THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS, INCLUDING ATTORNEY REMOVED FROM THE CASE.

IN THE COURT OF COMMON PLEAS OF _____ COUNTY PENNSYLVANIA

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

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY
PURSUANT TO Pa.R.C.P. No. 1930.8**

I, _____, () Plaintiff or () Defendant, represent myself in the within action.

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

___ Remove _____, Esq., as my attorney of record.

___ Withdraw my appearance for the filing party.

_____ Esq. (Print name) ID# _____

_____ Signature DATE: _____

I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

All pleadings and legal papers can be served on me at the address listed below, which may or may not be my home address pursuant to Rule 1930.8:

Print Name

Signature

Telephone number

Address

Fax number

City, State, Zip Code

Date

THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS, INCLUDING THE ATTORNEY REMOVED FROM THE CASE.

Affidavit of Service of Original Process by Mail

Service Form 1

Affidavit of Service of Original Process by Mail

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.

IN THE COURT OF COMMON PLEAS OF 1 COUNTY, PENNSYLVANIA
CIVIL ACTION

2
Plaintiff

4 s.
Defendant :

No. 3

AFFIDAVIT OF SERVICE BY MAIL
Pursuant to Pa. R.C.P. 1930.4

I, On 5, (date documents mailed) I 6, Plaintiff
7 within action, mailed a copy of the:

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

8 **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. 9

2. On 9, (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: 10

11
Plaintiff's Signature

Service Form 1
Original Process by Mail
Rule 1930.4
AOPC 9.20.14

Acceptance of Service

Service Form 3

Acceptance of Service

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 the name of the plaintiff exactly as it appears 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.

THE DEFENDANT MUST COMPLETE THE FORM.

File this form in the office where legal pleadings are filed.

IN THE COURT OF COMMON PLEAS OF 1 COUNTY, PENNSYLVANIA
CIVIL ACTION

2
Plaintiff

4 s.
Defendant :

Case No. 3

ACCEPTANCE OF SERVICE

I accept service 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

Date: _____

Defendant's Signature

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA
CIVIL ACTION

_____	:	
Plaintiff	:	
	:	
	:	No. _____
vs.	:	
	:	
_____	:	
Defendant	:	

ACCEPTANCE OF SERVICE

I accept service 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

Date: _____

Defendant's Signature

Affidavit of Personal Service

Service Form 2

Affidavit of Personal Service

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 it appears on the Complaint.

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.

THE PERSON SERVING THE PAPERS MUST COMPLETE THE FORM.

HE OR SHE MUST READ THE STATEMENT BEFORE SIGNING.

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 1 COUNTY, PENNSYLVANIA
CIVIL ACTION
2
Plaintiff
vs.
4
Defendant
No. 3

AFFIDAVIT OF SERVICE BY PERSONAL SERVICE
Pursuant to 1930.4

I, 5, hereby depose and say that I am 18 years or older, and am not a 6 to the action, nor an employee or a relative of a party.
On 7 I personally served the defendant by handing to him or her 7 Complaint in Divorce , Notice to Defend and Claim Rights, and Notice of availability of Counseling,
8 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: 9

Respectfully Submitted,

10
Signature of Person who Served Defendant
(not Plaintiff)



Protecting Confidential Information - Here's How

Effective January 6, 2018

A certification shall accompany each filing in accordance with the policy. A court or custodian is not required to review any filed document for compliance with this policy. Failure to comply may lead to imposed sanctions.

Confidential Information

Unless required by applicable authority, the following information shall not be included in any document filed with a court or custodian, except on a "Confidential Information Form" filed contemporaneously with the document.

1. **Social Security Numbers**
2. **Financial Account Numbers** except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified
3. **Driver License Numbers**
4. **State Identification (SID) Numbers**
5. **Minors' Names and Dates of Birth** except when a minor is charged as defendant in a criminal matter (see 42 Pa.C.S. §6355)
6. **Abuse Victim's Address and other Contact Information** including employer's name, address, and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim's name

Confidential Documents

Unless required by applicable authority, the following documents shall be filed with a court or custodian with the "Confidential Document Form."

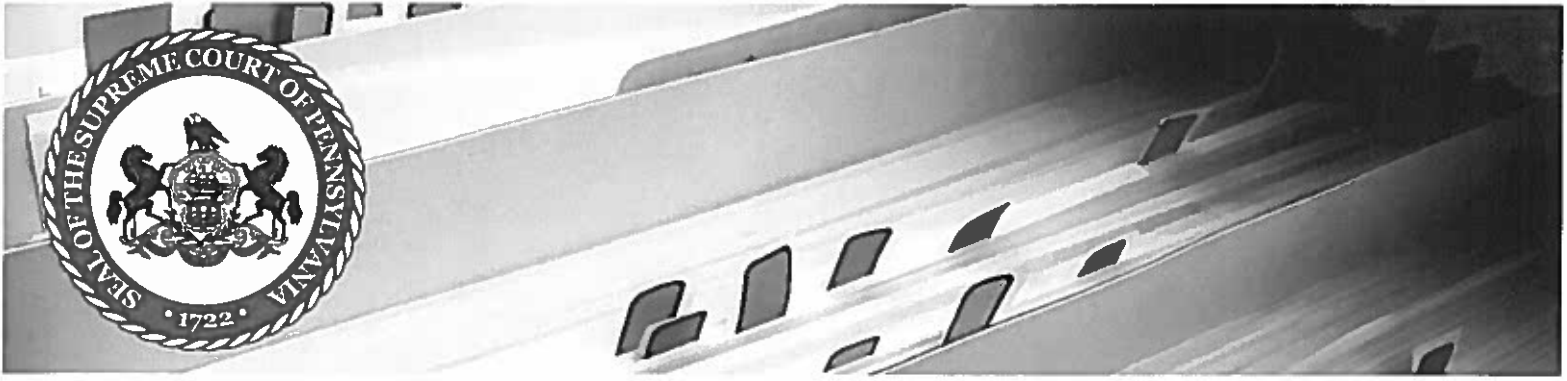
1. **Financial Source Documents**
2. **Minors' Educational Records**
3. **Medical/Psychological Records**
4. **Children and Youth Services' Records**
5. **Marital Property Inventory and Pre-Trial Statement** as provided in Pa.R.C.P. No. 1920.33
6. **Income and Expense Statement** as provided in Pa.R.C.P. No. 1910.27(c)
7. **Agreements between the Parties** as used in 23 Pa.C.S. §3105

These requirements do not apply to case types (e.g. Juvenile, adoption) that are sealed or exempted from public access pursuant to applicable authority.

For forms and more information, reference the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts at the website below.

Please visit: <http://www.pacourts.us/public-record-policies>





Protecting Confidential Information - Here's How

Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of The Appellate and Trial Courts – **Section 7.0 Confidential Information Form**

Beginning January 6, 2018, unless required by applicable authority, the following information is confidential and shall not be included in any document filed with the court or custodian, except on a **Confidential Information Form** filed contemporaneously with the document.

How do I file with a Confidential Information Form?

The Confidential Information Form and detailed filing instructions can be found on the website or QR Code at the bottom of this page. The Confidential Information Form is not required in cases (e.g. juvenile, adoption) that are sealed or exempted from public access pursuant to applicable authority.

Parties and their attorneys shall be solely responsible for complying with the provisions of the policy and shall certify their compliance to the court. A certification is included on the Confidential Information Form, stating: "I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents."

What information is confidential?

- Social Security Numbers
- Financial Account Numbers except the last four digits when the financial account is the subject of the case and cannot otherwise be identified
- Driver License Numbers
- State Identification (SID) Numbers
- Minors' Names and Dates of Birth (except when minor is charged as a defendant in a criminal matter)
- Abuse Victim's Address and Other Contact Information in family court actions (including: employer's name, address and work schedule)

What else do I need to know?

- A court or custodian is not required to review or redact any filed document for compliance with this section. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.
- Failure to comply with the requirements may allow the court to, upon motion or its own initiative, order the filed document sealed, redacted, amended or any combination thereof.
- A court may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

Section 7.0 shall apply to all documents for any case filed by a party or their attorney with a court or custodian on or after January 6, 2018.

For more information: Visit <http://www.pacourts.us/public-record-policies>.



**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

*Public Access Policy of the Unified Judicial System of Pennsylvania:
Case Records of the Appellate and Trial Courts
204 Pa. Code § 213.81
www.pacourts.us/public-records*

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

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

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

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>_____ Social Security Number (SSN):</p> <p>_____ Financial Account Number (FAN):</p> <p>_____ Driver's License Number (DLN):</p> <p>_____ State of Issuance:</p> <p>_____ State Identification Number (SID):</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>_____ Social Security Number (SSN):</p> <p>_____ Financial Account Number (FAN):</p> <p>_____ Driver's License Number (DLN):</p> <p>_____ State of Issuance:</p> <p>_____ State Identification Number (SID):</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

Additional page (if necessary)

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

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

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

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

Instructions for Completing the Confidential Information Form

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

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

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

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

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

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

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

Abuse Victim Addendum

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

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

Attach additional page(s) if necessary.

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

Abuse Victim Addendum
Additional page (if necessary)

Type of Family Court Action <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Support </div> <div style="width: 45%;"> <input type="checkbox"/> Child Custody <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse </div> </div>		
This Information Pertains to:	Confidential Information:	References in Filing:
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
(full name of abuse victim)	AV Address:	Alternative Reference: AV __ Address
Docket/Case No. of Protection Order	AV Employer's Name & Address:	Alternative Reference: AV __ Employer's Name & Address
Court/County	AV Work Schedule:	Alternative Reference: AV __ Work Schedule
	AV Other contact information:	Alternative Reference: AV __ Other contact information

Type of Family Court Action <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Support </div> <div style="width: 45%;"> <input type="checkbox"/> Child Custody <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse </div> </div>		
This Information Pertains to:	Confidential Information:	References in Filing:
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
(full name of abuse victim)	AV Address:	Alternative Reference: AV __ Address
Docket/Case No. of Protection Order	AV Employer's Name & Address:	Alternative Reference: AV __ Employer's Name & Address
Court/County	AV Work Schedule:	Alternative Reference: AV __ Work Schedule
	AV Other contact information:	Alternative Reference: AV __ Other contact information

**CONFIDENTIAL
DOCUMENT FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

*Public Access Policy of the Unified Judicial System of Pennsylvania:
Case Records of the Appellate and Trial Courts
204 Pa. Code § 213.81
www.pacourts.us/public-records*

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

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

Pursuant to the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*, the Confidential Document Form shall accompany a filing where a confidential document is required by law, ordered by the court, or is otherwise necessary to effect the disposition of a matter. This form shall be accessible to the public, however the documents attached will not be publicly accessible, except as ordered by a court. The documents attached will be available to the parties, counsel of record, the court, and the custodian. **Please only attach documents necessary for the purposes of this case.** Complete the entire form and check all that apply. This form and any additional pages must be served on all unrepresented parties and counsel of record.

Type of Confidential Document	Paragraph, page, etc. where the confidential document is referenced in the filing:
<input type="checkbox"/> Financial Source Documents	
<input type="checkbox"/> Tax Returns and schedules	
<input type="checkbox"/> W-2 forms and schedules including 1099 forms or similar documents	
<input type="checkbox"/> Wage stubs, earning statements, or other similar documents	
<input type="checkbox"/> Credit card statements	
<input type="checkbox"/> Financial institution statements (e.g., investment/bank statements)	
<input type="checkbox"/> Check registers	
<input type="checkbox"/> Checks or equivalent	
<input type="checkbox"/> Loan application documents	
<input type="checkbox"/> Minors' educational records	
<input type="checkbox"/> Medical/Psychological records	
<input type="checkbox"/> Children and Youth Services' records	
<input type="checkbox"/> Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.C.P. No. 1920.33	
<input type="checkbox"/> Income and Expense Statement as provided in Pa.R.C.P. No. 1910.27(c)	
<input type="checkbox"/> Agreements between the parties as used in 23 Pa.C.S. §3105	

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____



Instructions for Completing the Confidential Document Form

The following documents are confidential and shall be filed with a court or custodian with the "Confidential Document Form":

1. Financial Source Documents as listed on the form
2. Minors' educational records
3. Medical/Psychological records are defined as "records relating to the past, present, or future physical or mental health or condition of an individual"
4. Children and Youth Services' records
5. Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.C.P. No. 1920.33
6. Income and Expense Statement as provided in Pa.R.C.P. No. 1910.27(c)
7. Agreements between the parties as used in 23 Pa.C.S. §3105

For each confidential document, list the paragraph, page, etc. where the document is referenced in the filing. Please note, this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.)

- **Please only attach documents necessary for the purposes of this case.**
- Complete the entire form and check all that apply.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

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

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