

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

NO. 3

v.
4

Defendant

.....
IN CUSTODY

ORDER OF COURT
You, 6 5 7 () defendant () respondent, have been 8 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.

Petition for Modification of a Custody Order

Form 4

Petition for Modification of a Custody Order

The following numbers on these instructions correspond with the numbers in the boxes beginning on page 1 on the Petition Form.

- Box 1: Print the county in which you are filing your petition. See "*Where do I File?*" in the Introduction for more information about what county you should file in.
- Box 2: Print the plaintiff's name 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 custody order.
- Box 4: Print the name of the defendant exactly as it appears on all other forms in this action.
- Box 5: Print your name (if you are the petitioner).
- Box 6: Print your current address.
- Box 7: Print your opposing party's name.
- Box 8: Print your opposing party's current address.
- Box 9: Print your name.
- Box 10: Print the date your custody order was entered.
- Box 11: Check what kind of legal custody was ordered.
- Box 12: Check what kind of physical custody was ordered.
- Box 13: Explain why your custody order should be changed. (If you need more space, write on a separate page. Do not write on the back of this form, or in the margins).
- Box 14: **Attach a completed Criminal Record/Abuse History Verification form (Custody Form 3).**
- Box 15: Print your name.
- Box 16: Print your phone number.
- Box 17: After reviewing your petition to make sure everything you stated is true and correct print the date you are completing your petition.
- Box 18: Sign your name.

Attach a copy of the order you are asking the court to modify.

IN THE COURT OF COMMON PLEAS OF 1 COUNTY, PENNSYLVANIA

2
Plaintiff

v. 4
Defendant

:
: No. 3
:
: IN CUSTODY

PETITION FOR MODIFICATION OF A CUSTODY ORDER

1. Petitioner is 5 6 and resides at
(Street) (City) (State) (Zip Code) (County)

2. Respondent is 7 8 and resides at
(Street) (City) (State) (Zip Code) (County)

3. Petitioner 10 12 respectfully represents that on 11
9 an Order of Court was entered for shared legal custody sole legal
custody and partial physical custody primary physical custody shared physical custody
 sole physical custody supervised physical custody. A true and correct copy of the Order is attached.

4. This Order should be modified because: 13
14

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

WHEREFORE, Petitioner requests that the Court modify the existing Order because it will be 15 in the best interest of the child(ren).

16
(Attorney for Petitioner) (Petitioner)

16
(Phone Number)

VERIFICATION

I verify that the statements made in this petition 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.

17
Date

18
Petitioner

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

Plaintiff

v.

Defendant

:
:
:
: No. _____
:
: IN CUSTODY

PETITION FOR MODIFICATION OF A CUSTODY ORDER

1. Petitioner is _____ and resides at

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

2. Respondent is _____ and resides at

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

3. Petitioner _____ respectfully represents that on _____ an Order of Court was entered for shared legal custody sole legal custody and partial physical custody primary physical custody shared physical custody sole physical custody supervised physical custody. A true and correct copy of the Order is attached.

4. This Order should be modified because:

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

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

(Attorney for Petitioner) (Petitioner)

Phone Number

VERIFICATION

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

Date

Petitioner

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>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u> Date of conviction, guilty plea or no contest plea, or pending charges	<u>11</u>
Check all that apply	Crime	Self	Other household member		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"/>	_____	_____

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**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. § 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"/>	_____	_____

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23
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**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. § 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"/>	_____	_____

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Check all that apply

Crime

Self

Other household member

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

Sentence

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

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

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34

Check all that apply

Crime

Self

Other Household Member

Date

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

- | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|
| <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.

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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.

36
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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:

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
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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"/>	_____	_____

<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. § 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>	Date of conviction, guilty plea or no contest plea, or pending charges	<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"/>	<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 5
 _____ CUSTODY _____ 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

 Address

 City, State, Zip Code

 Telephone number

 Fax number

 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

_____	:	No. _____
Plaintiff	:	
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

No. 3

4 vs.

Defendant

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

8
Custody: Petition for Modification, Order of Court 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 _____, (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

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

Plaintiff

vs.

Defendant

No. _____

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: Petition for Modification, Order of Court 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

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.

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

2

 Plaintiff

: : : : : : : :

4 s.
 Defendant :

3
 Case No. _____

ACCEPTANCE OF SERVICE

I accept service of the:

- Divorce: Divorce Complaint, Notice to Defend and Claim Rights, and Notice of Availability of Counseling**
- Custody: Petition for Modification, Order of Court and Criminal Record/Abuse History Verification.**

Date: _____

_____ Defendant's Signature

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

Plaintiff

vs.

Defendant

:
:
:
:
:
:
:
:
:
:
:

No. _____

ACCEPTANCE OF SERVICE

I accept service of the:

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

___ **Custody: Petition for Modification, Order of Court and Criminal
Record/Abuse History Verification.**

Date: _____

Defendant's Signature

Affidavit of Personal Service

Service Form 2

**Service Form 2
Personal Service
Instructions**

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

4 vs.
 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 8 Complaint in Divorce, Notice to Defend and Claim Rights, and Notice of availability of Counseling, 8 Petition for Modification, Order of Court and Criminal Record/Abuse History Verification.

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)

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

Plaintiff

vs.

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 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,**

_____ **Petition for Modification, Order of Court and Criminal Record/Abuse History Verification.**

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)



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*."

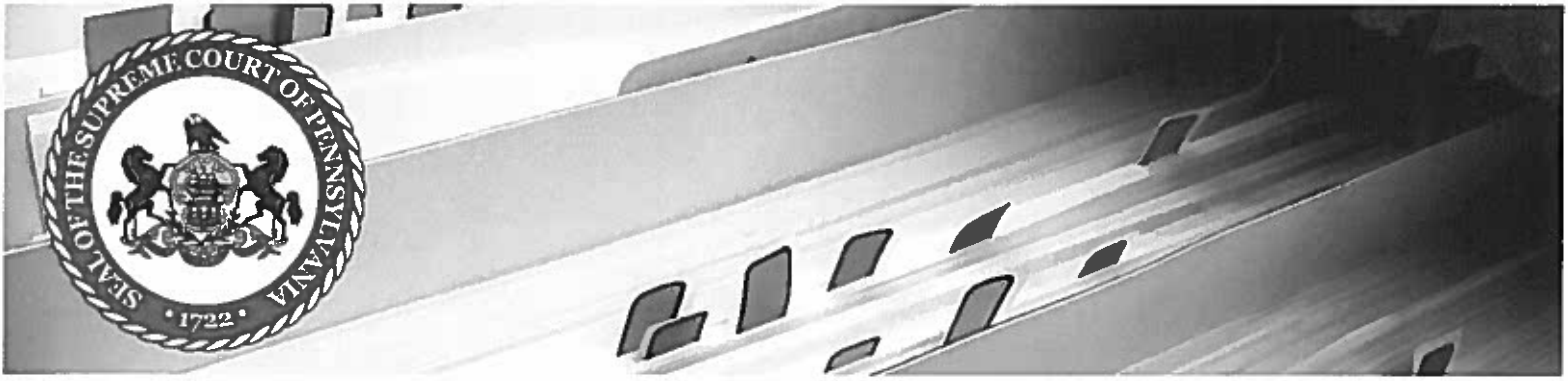
- 1. Financial Source Documents**
- 2. Minors' Educational Records**
- 3. Medical/Psychological Records**
- 4. Children and Youth Services' Records**
- 5. Marital Property Inventory and Pre-Trial Statement** as provided in Pa.R.C.P. No. 1920.33
- 6. Income and Expense Statement** as provided in Pa.R.C.P. 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>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p> <p>Driver's License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</p> <p>State Identification Number (SID):</p> <p>_____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p> <p>Driver's License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</p> <p>State Identification Number (SID):</p> <p>_____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>

**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.



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.



Abuse Victim Addendum

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

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage	<input type="checkbox"/> Child Custody	
<input type="checkbox"/> Support	<input type="checkbox"/> Paternity	<input type="checkbox"/> Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
_____	AV Address:	Alternative Reference: AV 1 Address
(full name of abuse victim)	_____	
	AV Employer's Name & Address:	Alternative Reference: AV 1 Employer's Name & Address

Docket/Case No. of Protection Order	AV Work Schedule:	Alternative Reference: AV 1 Work Schedule

Court/County	AV Other contact information:	Alternative Reference: AV 1 Other contact information

Attach additional page(s) if necessary.



Abuse Victim Addendum
Additional page (if necessary)

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Child Custody <input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse		
This Information Pertains to:	Confidential Information:	References in Filing:
<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 & Address:</p> <hr/> <p>AV Work Schedule:</p> <hr/> <p>AV Other contact information:</p> <hr/>	<p>Alternative Reference: AV __ Address</p> <p>Alternative Reference: AV __ Employer's Name & Address</p> <p>Alternative Reference: AV __ Work Schedule</p> <p>Alternative Reference: AV __ Other contact information</p>

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Child Custody <input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse		
This Information Pertains to:	Confidential Information:	References in Filing:
<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 & Address:</p> <hr/> <p>AV Work Schedule:</p> <hr/> <p>AV Other contact information:</p> <hr/>	<p>Alternative Reference: AV __ Address</p> <p>Alternative Reference: AV __ Employer's Name & Address</p> <p>Alternative Reference: AV __ Work Schedule</p> <p>Alternative Reference: AV __ Other contact information</p>

**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.