CONFIDENTIAL INFORMATION FORM

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 the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania.* 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 of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof; a magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

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

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

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Additional page (if necessary)

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

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

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

_____ _____

Signature of Attorney or Unrepresented 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.**

THIS FORM IS CONFIDENTIAL

Petition for Modification of Custody Order

_____	:	IN THE COURT OF COMMON PLEAS
Plaintiff	:	26TH JUDICIAL DISTRICT OF
	:	PENNSYLVANIA,
v.	:	MONTOUR COUNTY BRANCH
	:	
_____	:	CIVIL ACTION – CUSTODY
Defendant	:	NO. _____ OF 20____

PETITION FOR MODIFICATION OF A CUSTODY ORDER

1. Petitioner is _____ (name), residing at

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

2. Respondent is _____ (name), residing 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 OR 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

_____ Plaintiff	:	IN THE COURT OF COMMON PLEAS
	:	26TH JUDICIAL DISTRICT OF
	:	PENNSYLVANIA,
v.	:	MONTOUR COUNTY BRANCH
	:	
_____ Defendant	:	CIVIL ACTION – CUSTODY
	:	NO. _____ OF 20____

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 pied no. contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. § 6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

Check all that apply	**Crime**	**Self**	**Other household member**	**Date of conviction guilty plea or no contest plea, or pending charges**	**Sentence**
☐	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2702 (relating to aggravated assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2706 (relating to terroristic threats)	☐	☐	_____	_____

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. § 2709.1 (relating to stalking)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2901 (relating to kidnapping)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2902 (relating to unlawful restraint)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2903 (relating to false imprisonment)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2910 (relating to luring a child into a motor vehicle or structure)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3121 (relating to rape)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3124.1 (relating to sexual assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3126 (relating to indecent assault)	☐	☐	_____	_____

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. § 3127 (relating to indecent exposure)	☐	☐		
☐	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	☐	☐		
☐	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	☐	☐		
☐	18 Pa.C.S. § 3301 (relating to arson and related offenses)	☐	☐		
☐	18 Pa.C.S. § 4302 (relating to incest)	☐	☐		
☐	18 Pa.C.S. § 4303 (relating to concealing death of child)	☐	☐		
☐	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	☐	☐		
☐	18 Pa.C.S. § 4305 (relating to dealing in infant children)	☐	☐		
☐	18 Pa.C.S. § 5902(b) (relating to prostitution and related offenses)	☐	☐		
☐	18 Pa.C.S. § 5903(c) or (d) (relating to obscene and other sexual materials and performances)	☐	☐		

Check all that apply	Crime	Self	Other household member	Date of conviction guilty plea or 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:

Check all that apply		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	☐	☐	

Check all that apply		Self	Other Household Member	Date
☐	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction	☐	☐	_____
☐	Involvement with Children & Youth or similar agency in Pennsylvania or another jurisdiction. Where? _____	☐	☐	_____
☐	Other: _____	☐	☐	_____

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

_____

_____

_____

_____

4. If any conviction above applies to a household member, not a party, stater 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