FORM #1

ORDER OF COURT APPOINTING SPECIAL MASTER

&

COMPLAINT FOR CUSTODY

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

ORDER OF COURT APPOINTING CONFERENCE OFFICER

AND NOW, to wit, this _____ day of _____, 20_____, the within matter is hereby referred to Marks, McLaughlin, Dennehy and Piontek / Alicia Marinos, Esquire as Conference Officer, for further proceedings.

If you fail to appear as provided by order or scheduling notice, 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 yourself 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 of23 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 BELOW CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, TIDS OFFICE BELOW MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

NORTH PENN LEGAL SERVICES 168
EAST FIFTH STREET
BLOOMSBURG, PA 17815
(877) 953-4250

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Columbia 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 to scheduled conference or hearing.

BY THE PROTHONOTARY:

_____

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

COMPLAINT FOR CUSTODY

1. The plaintiff is _____ (name), residing at

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

2. The defendant is _____ (name), residing at

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

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

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

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

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

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

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

A parent of the child is _____, currently residing at _____.

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

A parent of the child is _____, currently residing at _____.

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

4. The relationship of plaintiff to the child is that of _____.

The plaintiff currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____

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

The defendant currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____

6. Plaintiff ( ) has ( ) has not, participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child in this or another court. The court, term, and number, and 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:

_____

_____

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

_____

_____

_____

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

Name	Addresses	Basis of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

_____

Plaintiff's Signature

_____

Plaintiff's Name

_____

(Address)

_____

(City, State, Zip)

_____

(Telephone)

VERIFICATION

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

_____

Plaintiff's Signature

_____

Date

FORM#3

ENTRY OF APPEARANCE AS SELF-REPRESENTED PARTY

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

ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY

1. I am the ☐ Plaintiff ☐ Defendant in the above-captioned custody action.

   (CHECK ONLY ONE FOR #2)

2. A. ☐This is a new case and I am representing myself in this case and have decide not to hire an attorney to represent me.

   B. ☐This is not a new case and _____*(insert attorney name)* previously represented me in this case. However, I have decided not to be represented by that attorney and hereby direct the Prothonotary to remove that attorney as counsel of record in this case.

   On _____, 20 ____ I provided a copy of this form to that attorney listed above at the following address: _____

3. My address for the purpose of receiving all future pleadings and other legal notices is: _____ _____, AND I understand that this address will be the only location to which important documents are sent, and that I am fully responsible to regularly check my mail at such address to ensure that I do not miss important dates or proceedings.

   a. ☐This is my home address. ☐This is not my home address.

4. My telephone number is: _____

5. I UNDERSTAND THAT I MUST INFORM THE PROTHONOTARY'S OFFICE EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.

6. On _____ 20_____ I provided a copy of this form to all other attorneys of record or other self-represented parties at the following addresses as listed below: *(insert additional pages if you need more space)*

   Name:_____ Address:_____

   Name:_____ Address:_____

   Name:_____ Address:_____

7. I fully understand that by deciding to represent myself, the Court will hold me to the same standards of knowledge regarding the Statutory law, Evidence law, Local and State Rules of Procedure and applicable case law as a Pennsylvania licensed attorney, and that I must be fully prepared to meet these responsibilities. I also understand the Court cannot and will not provided any advice to me about how to present my case or defend claims against me. I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.

_____
Signature

_____
Date

_____
Printed Name

FORM#4

PETITION TO PROCEED IN FORMA PAUPERIS AND

AFFIDAVIT

COMPLETE THIS FORM ONLY IF YOU FEEL YOU CANNOT AFFORD TO PAY THE FILING FEE

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

ORDER OF COURT

AND NOW, this _____ day of _____ 20_____, upon consideration of the attached Petition to Proceed in Forma Pauperis and the Income Affidavit , it is hereby ordered that the said petition is GRANTED / DENIED.

BY THE COURT:

_____
JUDGE

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

PETITION TO PROCEED IN FORMA PAUPERIS

Petitioner respectfully represents that:

1. Petitioner, _____, is the (Plaintiff) (Defendant) in the above captioned action.

2. Petitioner's address is: _____

   _____
   (give full address)

3. Petitioner's income and expense information is fully and accurately set forth in the attached affidavit.

WHEREFORE, Petitioner respectfully requests Your Honorable Court to enter an Order, granting leave to proceed in forma pauperis in the above captioned action.

Respectfully submitted,

_____

Petitioner

DATE:_____

AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED IN FORMA PAUPERIS

1. I am the petitioner in the above matter and because of my financial condition am unable to pay the fees and costs.
2. I am unable to obtain funds from anyone, including family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

Name: _____

Address: _____

(give full address)

A. **Employment**

If you are presently employed, state:

Employer: _____

Address: _____

Salary or wages per month: _____

If you are presently unemployed, state:

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

B. **Other income within the past twelve months**

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and annuities: _____

Social Security benefits: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and supplemental benefits: _____

Workmen's compensation: _____

Public assistance: _____

C. **Other contributions to household support**

(Wife) (Husband) Name: _____

If spouse is employed, state

Employer: _____

Salary or wages per month: _____

Contributions from children: _____

Contribution from parents: _____

Other contributions: _____

D. Property owned

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor vehicle: Make: _____ Year: _____ Cost: _____ Amount Owed: _____

Stocks; bonds: _____

Other: _____

E. Debts and obligations

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

F. Persons dependent upon you for Support:

(Wife) (Husband) Name: _____

Children, if any:

Name (INITIALS ONLY): _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Other Persons:

Name: _____

Relationship: _____

I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

I verify that the statements made in this affidavit are true and correct.

I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities which provides that if I knowingly make false averments, I may be subject to criminal penalties.

_____

Petitioner's Signature

Date: _____

_____

Petitioner's Printed Name

FORM #5

CERTIFICATE OF SERVICE or

AFFIDAVIT OF SERVICE or

ACCEPTANCE OF SERVICE

IN THE COURT OF COMMON PLEAS 26TH JUDICIAL DISTRICT
MONTOUR COUNTY, PENNSYLVANIA
CIVIL ACTION – LAW

_____ Plaintiff	:	
v.	:	NO.: _____
_____ Defendant	:	

CERTIFICATE OF SERVICE – U.S. FIRST CLASS MAIL

I, _____, plaintiff/defendant herein, do verify and say that on the _____ day of _____ 20_____, I did deliver for mailing at the U.S. Post Office, a true and correct copy of the:

_____

to be served upon _____, plaintiff/defendant herein, at the following address:

_____

_____

_____

by Certified Mail, Restricted Delivery, postage prepaid, for which a Certificate of Mailing is attached hereto and made a part hereof.

The above referenced document(s) were received by the defendant on the _____ day of _____ 20_____.

I verify that the statements made in this document 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.

_____
Signature

_____
Date

_____
Printed Name

IN THE COURT OF COMMON PLEAS 26TH JUDICIAL DISTRICT
MONTOUR COUNTY, PENNSYLVANIA
CIVIL ACTION – LAW

_____ Plaintiff	:	
v.	:	NO.: _____
_____ Defendant	:	

AFFIDAVIT OF SERVICE – PERSONAL SERVICE

I, _____ (name of person making service), do verify and say that I served the defendant, _____, with a true and correct copy of the (check one):

_____ Complaint for Custody

_____ Petition to Modify Custody

_____ Petition for Contempt

WHERE: _____

HOW: _____

WHEN: _____

I verify that the statements made in this document 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.

_____
Signature of Person Making Service

_____
Date

_____
Printed Name of Person Making Service

IN THE COURT OF COMMON PLEAS 26TH JUDICIAL DISTRICT
MONTOUR COUNTY, PENNSYLVANIA
CIVIL ACTION – LAW

_____ Plaintiff	:	
v.	:	NO.: _____
_____ Defendant	:	

ACCEPTANCE OF SERVICE

I, _____, plaintiff/defendant herein, on the _____ day of _____ 20_____, hereby accept service of the (check one):

_____ Complaint for Custody

_____ Petition to Modify Custody

_____ Petition for Contempt

_____
Signature

_____
Date

_____
Printed Name

CONFIDENTIAL INFORMATION FORM

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

_____ _____
(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

THIS FORM IS CONFIDENTIAL

CONFIDENTIAL
INFORMATION
FORM

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 _____

THIS FORM IS CONFIDENTIAL

CONFIDENTIAL INFORMATION FORM

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

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

_____ _____

Signature of Attorney or Unrepresented 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.**

IN THE COURT OF COMMON PLEAS OF MONTOUR COUNTY, PENNSYLVANIA
FAMILY DIVISION

_____, Plaintiff	:	
vs.	:	
_____, Defendant	:	NO._____

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:

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, 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)	☐	☐	_____	_____
☐	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)	☐	☐	_____	_____
☐	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 the 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)	☐	☐	_____	_____
☐	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	☐	☐	_____
☐	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction	☐	☐	_____
☐	Involvement with a Children & Youth Agency 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, state that person's name, date of birth and relationship to the child(ren):

_____

_____.

5. If you are aware that the other party or members of the other party's household has or have a criminal/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

_____
Printed Name