

INSTRUCTIONS FOR COMPLETING CUSTODY FORMS

This packet includes all the forms necessary to file for custody in Crawford County. These forms should be filled out only if there is CURRENTLY NO CUSTODY ORDER IN PLACE.

Instructions For Completing The Custody Forms
All Forms Should Be Typed If Possible, Or Neatly Printed In Black Ink.

COMPLAINT FOR CUSTODY

CAPTION

The first part of the Complaint For Custody is called a **Caption**. The Caption is a heading, which identifies a legal document. It contains the Court's name, the type of action, the names of the parties, and the docket number. This information remains the same on each legal document filed within the same custody action. The docket number is assigned by the Court when the Complaint is filed and is used on future documents filed in the same case.

1. The Plaintiff is you. Print your legal name, including middle initial, on the line above the word "Plaintiff."
2. The Defendant is the person you are filing the suit against (the other parent). Fill in the person's full legal name on the line above the word "Defendant."

COMPLAINT

The following instructions correspond to each numbered paragraph in your Custody Complaint.

1. Fill in your full legal name, your full mailing address, and your telephone number. If you have no telephone number, write down the name of a person the court can call to leave a message for you. Include that person's relationship to you (for example, "mother" or "friend), and that person's phone number.
2. Fill in the Defendant's full legal name, full mailing address, and telephone number. If the Defendant has no telephone number, write down the name of a person the court can call to leave a message for the Defendant. Include that person's relationship to the Defendant (for example, "mother" or "friend), and that person's phone number.
3. Circle the choice that applies to you. See the definitions page if you are unsure of what these choices mean. List the full name, present address and age of each child involved in this case.
4. Check the correct box stating whether you and the Defendant were married when the child was born.

5. Fill in the full name and address of the person with whom the child currently lives.
6. List all persons, addresses, and dates where the child has lived over the past five years. Make the list chronological from most recent to least recent.
7. Fill in the name and address of the child's natural mother. Check the appropriate box to show whether she is single, married, or divorced.
8. Fill in the name and address of the child's natural father. Check the appropriate box to show whether he is single, married, or divorced.
9. Check the appropriate box to show what your relationship to the child is (mother, father, grandmother, etc.).
10. List everyone who now lives with you and your relationship to each of those people.
11. Check the appropriate box to show what the Defendant's relationship to the child is (mother, father, grandmother, etc.).
12. List everyone who now lives with the Defendant and the relationship between the Defendant and each of those people. If you do not know, write "unknown."
13. Check whichever phrase (has or has not) applies to you. If this is the first time there has been a case involving custody of this child, circle "has not." If there was a case involving the custody of this child in any court before, circle "has" and write the name of the court and the docket number of that case. For example, if there was a Final PFA Order that set forth custody provisions, you need to list that case.
14. Check whichever phrase applies.
15. Check whichever phrase applies. Circle "knows" if the child lives with someone other than you or the Defendant. Then write down that person's name and address.
16. State briefly why you believe that what you are asking for will be best for the child.
17. You do not need to fill anything out here.
18. List any other person that you believe has a right to be a part of the hearing concerning custody because they have standing. These individuals must also be served with a copy of the Complaint.
19. (a) If you are a grandparent who is not in loco parentis to the child, you must state facts that establish that your relationship with the child began with the consent of a parent of the child or under court order, that you are willing to assume responsibility for the child, AND one of the following conditions exists: the child has been determined to be dependent child, the child is substantially at risk due to parental abuse, neglect, drug or alcohol abuse or incapacity, OR the child has resided with you for 12 consecutive

months (not including brief temporary absences of the child from the home, and is removed from the home by the parents).

- (b) Complete this section if you are a grandparent seeking standing for partial physical custody or supervised physical custody. You must state facts that establish that EITHER (1) the parent of the child is deceased and you are the parent of the deceased parent, (2) the parents of the child have been separated for at least 6 months or have started a proceeding that will dissolve their marriage, OR (3) the child has resided with you for 12 consecutive months (not including brief temporary absences of the child from the home, and is removed from the home by the parents).
- (c) Complete this section if you are filing for custody because you have acted as the child's guardian or caretaker and have taken on some or all of the responsibilities of a parent.

20. You must fill out and attach the "Criminal Record / Abuse Record Verification form. You must be truthful on these forms or you could face punishment of at least a \$1,000 fine. There are two of these forms including in this packet. One must be filled out by you and the other must be sent to the defendant when you serve the complaint. The defendant must also fill this form out and file it with the Court.

B. WHEREFORE: Check the appropriate box to show what type of custody you are seeking.

C. Sign your full name and date the Complaint.

ORDER OF COURT APPOINTING CHILD CUSTODY MEDIATOR

- A. Fill in the Caption at the top of the page. Remember, you are the Plaintiff and the other person is the Defendant.
- B. Fill in the Defendant's name in the blank where it says "You _____" Fill in the child/ren's names in the blanks.
- C. DO NOT FILL ANYTHING ELSE OUT ON THIS PAGE. The judge or court administrator will complete the rest of this Order.
- D. Note that there is a paragraph that there is a paragraph that instructs the defendant to file the Criminal History / Abuse History form with the Court within 30 days of receiving the complaint.
- E. There is also a paragraph that lets the defendant know that no party can change the child's residence which would impair the other party's ability to exercise custodial rights without following the required relocation procedures.

CRIMINAL RECORD / ABUSE HISTORY

You must complete and file this form with the Custody Complaint. There are two copies of this form in this packet. You must complete one and file it with your complaint. You must include the other blank form with the complaint when you serve the opposing party. This form may be used by the Court during your custody proceedings.

- A. Fill in the Caption at the top of the page. Remember, you are the Plaintiff and the other party is the defendant
- B. Fill in your name after "I,_____".
- C. Check the box next to any crime that you or a household member were (1) convicted of, (2) pled guilty to, (3) pled no contest to, (4) having any pending charges. By checking any of the boxes next to a crime, you are telling the court that either you or a household member has been convicted of or pled guilty to or pled no contest to that crime. You must also include the sentence if applicable.
 - a. You must be truthful on this form or you could be fined at least \$1,000. If you are not sure of a crime that you or a household member should list, you can visit **<http://ujportal.pacourts.us/DocketSheets/MDJ.aspx>** which provides access to search, view and print the docket sheets for Pennsylvania's courts. You should check both the Magisterial Court Docket Sheets and the Court of Common Pleas Docket Sheet.
- D. Answer the remaining questions if they apply to you.
- E. Again, you must be truthful! If you are not, you could face a fine of at least \$1,000.

You must serve the other copy of the Complaint and your Verification along with the blank Verification on the defendant. You should mail the forms to the defendant by Certified Mail, return requested, addressee only.

DEFINITIONS

PLAINTIFF - the person who starts the lawsuit

DEFENDANT- the person who is being sued

CHILD - Any unemancipated person under 18 years of age.

SHARED LEGAL CUSTODY – The right of more than one individual to legal custody of the child.

SOLE LEGAL CUSTODY – The right of one individual to exclusive legal custody of the child.

PARTIAL PHYSICAL CUSTODY – The right to assume physical custody of the child for less than a majority of the time.

PRIMARY PHYSICAL CUSTODY – The right to assume physical custody of the child for the majority of time.

SHARED PHYSICAL CUSTODY – The right of more than one individual to assume physical custody of the child, each having significant periods of physical custodial time with the child.

SOLE PHYSICAL CUSTODY – The right of one individual to exclusive physical custody of the child.

VISITATION- the right to visit a child, but does not include the right to remove the child from the custodial person's control.

SUPERVISED VISITATION- Custodial time during which an agency or an adult designated by the court or agreed upon by the parties monitors the interaction between the child and the individual with those rights.

PRIMARY RESIDENCE- the home of the parent where the child spends most of the time.

NON-CUSTODIAL PARENT- the parent who has custodial rights, but with whom the child does not live with most of the time.

THIRD PARTY- any person who is not a natural parent of the child

IN LOCO PARENTIS – a person who has acted as a parent for a child and taken on responsibilities of parenthood for a period of time.

STANDING - the legal right to be a part of a custody lawsuit

BEST INTEREST OF THE CHILD - the factors which the Court looks at in deciding with whom and where the child should reside

3. Plaintiff is seeking () shared legal custody / () sole legal custody / () partial physical custody / () primary physical custody / () shared physical custody / () sole physical custody / () supervised physical custody of the following children:

<u>Name</u>	<u>Present Residence</u>	<u>Age</u>

4. The child(ren) were born: () in wedlock () out of wedlock.

5. The child(ren) are presently in the custody of _____, who resides at _____, PA.

6. During the past five years, the child(ren) has/have resided with the following person(s) at the following address(es):

<u>Persons</u>	<u>Addresses</u>	<u>Dates</u>

7. The mother of the child(ren) is _____ currently residing at _____ She is () single () married () divorced.

8. The father of the child(ren) is _____ currently residing at _____ He is () single () married () divorced.

9. The relationship of the Plaintiff to the child(ren) is that of () Mother () Father
() _____.
(*other*)

10. The Plaintiff currently resides with the following persons:

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

11. The relationship of Defendant to the child(ren) is that of () Mother () Father
() _____.
(*other*)

12. The Defendant currently resides with the following persons:

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

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

14. Plaintiff () has / () does not have information of a custody proceeding concerning the child(ren) pending in a court of this Commonwealth or any other state. The court, term and number, and its relationship to this action is:

_____.

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

_____.

16. The best interest and permanent welfare of the child(ren) will be served by granting the relief requested because:

_____.

17. Each parent whose parental rights to the child(ren) have not been terminated and that person who has physical custody of the child(ren) have been named as parties to this action.

18. All other persons, named below, who are known to have or claim a right to custody of the child(ren) will be given notice of the pendency of this action and the right to intervene:

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

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

_____.

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

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

20. I have attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No.1915.3-2.

WHEREFORE, pursuant to the Custody Act, 23 Pa. C.S. Section 5301 *et seq.*, as amended in Act 112 of 2010, Plaintiff requests the Court to grant me: () shared legal custody / () sole legal custody / () partial physical custody / () primary physical custody / () shared physical custody / () sole physical custody / () supervised physical custody of the children.

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.

Date

Plaintiff, Self-Represented

Telephone No.

MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

Court Administrator
Crawford County Courthouse
Meadville, Pennsylvania 16335
Telephone: (814) 333-7498

**AMERICANS WITH DISABILITIES
ACT OF 1990**

The court of Common Pleas of Crawford 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 the Court Administrator's 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.

- | | | | | | |
|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <u>18 Pa.C.S. §2709.1</u>
(relating to stalking) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §2901</u>
(relating to kidnapping) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §2902</u>
(relating to unlawful restraint) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §2903</u>
(relating to false imprisonment) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §2910</u>
(relating to luring a child into a motor vehicle or structure) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3121</u>
(relating to rape) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3122.1</u>
(relating to statutory sexual assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3123</u>
(relating to involuntary deviate sexual intercourse) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3124.1</u>
(relating to sexual assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3125</u>
(relating to aggravated indecent assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3126</u>
(relating to indecent assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3127</u>
(relating to indecent exposure) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <u>18 Pa.C.S. §3129</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to sexual intercourse with animal) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3130</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to conduct relating to sex offenders) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3301</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to arson and related offenses) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §4302</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to incest) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §4303</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to concealing death of child) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §4304</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to endangering welfare of children) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §4305</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to dealing in infant children) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §5902(b)</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to prostitution and related offenses) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §5903(c)</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | <u>or (d)</u>
(relating to obscene and other sexual materials and performances) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §6301</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to corruption of minors) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §6312</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to sexual abuse of children) | | | | |

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|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <u>18 Pa.C.S. §6318</u>
(relating to unlawful contact with minor) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §6320</u>
(relating to sexual exploitation of children) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §6114</u>
(relating to contempt for violation of protection order or agreement) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>Driving under the influence of drugs or alcohol</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>Manufacturing, sale, Delivery, holding Offering for sale or possession of any controlled substance or other drug or device</u> | <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 including the following:

<u>Check all that apply</u>	<u>Self</u>	<u>Other Household Member</u>	<u>Date</u>
<input type="checkbox"/> <u>A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> <u>Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> <u>Other: _____</u>	<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 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/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

**IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA
CIVIL ACTION – LAW**

_____	:	
Plaintiff	:	
	:	
	:	
VS.	:	FD. _____
	:	
	:	
_____	:	
Defendant	:	

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

I, _____, hereby swear or affirm, subject to penalties of law including 18 Pa. C.S. §4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. §6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

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

- | | | | | | |
|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <u>18 Pa.C.S. §2709.1</u>
(relating to stalking) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §2901</u>
(relating to kidnapping) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §2902</u>
(relating to unlawful restraint) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §2903</u>
(relating to false imprisonment) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §2910</u>
(relating to luring a child into a motor vehicle or structure) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3121</u>
(relating to rape) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3122.1</u>
(relating to statutory sexual assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3123</u>
(relating to involuntary deviate sexual intercourse) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3124.1</u>
(relating to sexual assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3125</u>
(relating to aggravated indecent assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3126</u>
(relating to indecent assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3127</u>
(relating to indecent exposure) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

- | | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <u>18 Pa.C.S. §3129</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to sexual intercourse with animal) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3130</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to conduct relating to sex offenders) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §3301</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to arson and related offenses) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §4302</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to incest) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §4303</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to concealing death of child) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §4304</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to endangering welfare of children) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §4305</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to dealing in infant children) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §5902(b)</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to prostitution and related offenses) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §5903(c)</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | <u>or (d)</u>
(relating to obscene and other sexual materials and performances) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §6301</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to corruption of minors) | | | | |
| <input type="checkbox"/> | <u>18 Pa.C.S. §6312</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| | (relating to sexual abuse of children) | | | | |

- | | | | | | |
|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <u>18 Pa.C.S. §6318</u>
(relating to unlawful contact with minor) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §6320</u>
(relating to sexual exploitation of children) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>18 Pa.C.S. §6114</u>
(relating to contempt for violation of protection order or agreement) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>Driving under the influence of drugs or alcohol</u> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <u>Manufacturing, sale, Delivery, holding Offering for sale or possession of any controlled substance or other drug or device</u> | <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 including the following:

<u>Check all that apply</u>	<u>Self</u>	<u>Other Household Member</u>	<u>Date</u>
<input type="checkbox"/> <u>A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> <u>Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> <u>Other: _____</u>	<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 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/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

Entry of Appearance for Self-Represented Persons

PLEASE READ ALL OF THE INFORMATION CONTAINED IN THIS PACKET BEFORE YOU START FILLING OUT THE FORMS.

THIS PACKET DOES NOT CONSTITUTE LEGAL ADVICE. IF YOU HAVE ANY QUESTIONS ABOUT THIS PROCESS, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS.

We encourage you to contact an attorney to advise you on this matter. If you cannot afford an attorney, the Court will not appoint an attorney for you. You may contact Northwestern Legal Services at (800) 665-6957 or (814) 724-1040 to see if they will provide free legal services to you. They are not obligated to do so.

You will be required to follow the State and Crawford County Rules of Civil Procedure and all applicable laws even if you do not have an attorney.

This packet is for notifying the Court and the other parties in your custody, divorce, support, protection from abuse, paternity, or other domestic relations case that you are representing yourself.

If you do not have an attorney because you do not want to hire an attorney, or you cannot afford an attorney and Northwestern Legal Services is unable to assist you, then you should fill out and file the "Entry of Appearance as a Self-Represented Party" in this packet.

Filing this form will NOT prevent you from hiring an attorney during your case if you change your mind.

To complete this packet, you will need:

- Your contact information;
- The name of your former attorney, if you had one; and
- The names and addresses of all self-represented parties and the attorneys of any parties that have legal representation.

Instructions:

1. When filling out this form, please write as clearly and neatly as possible.
2. Fill out this form to the best of your ability, completing every line that applies. **DO NOT LEAVE ANY LINES BLANK.** Use “None” or “0” if necessary. Do NOT use “N/A” anywhere on the forms.
3. Check the original complaint in your case to find out who the “Plaintiff” and “Defendant” are. Be sure the caption is filled out **EXACTLY** the same on this form; you should always have the same names in the same place on each filing. The “No.” line is for the case number, which was assigned when the original complaint was filed.
4. When you are filling out the “Entry of Appearance as a Self-Represented Party” [page 3], pay close attention to paragraph 6. **If you have PFA against someone involved in this case and you do not want them to know where you live, you can check the box for confidentiality and provide an alternate address, P.O. Box, or just a fax number to receive service.**
5. Make at least 2 (two) photocopies of your Entry of Appearance form. File the original with the Prothonotary’s Office and keep one copy for your records.
6. You will have to serve the other photocopies on the parties that you listed in paragraph 3 of your “Entry of Appearance as a Self-Represented Party” as directed by Pennsylvania Rule 440. Generally:
 - a. If a party has an attorney, you should mail by regular first class mail, hand deliver or leave a copy of the documents at their attorney’s office. If the attorney has a box in the Prothonotary’s Office, you can leave their copy in their box if the attorney previously agreed in this case to receive service that way.
 - b. If a party does not have an attorney and you know that party’s current address, you should mail by regular first class mail, hand deliver or leave a copy of the documents at the party’s home.
 - c. If a party does not have an attorney and you do not know that party’s current address, you should mail by regular first class mail or leave a copy of the documents at the address that the party put on their most recent pleading in this case, or hand deliver the documents if you can locate that party somewhere else.
 - d. You can serve the documents by fax if a party or their attorney agreed, or if a party or their attorney put a fax number on an earlier pleading in this case. Please read Rule 440(d)(2) to see how the fax cover sheet should be prepared.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA
Civil Action - Law

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

ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY

- 1. I am the Plaintiff Defendant in the above captioned matter.
- 2. I am entering my appearance as a self-represented party _____ (your signature).
- 3. I understand that if my contact information changes, I must file a new copy of this form with the Court and serve it upon the other self-represented parties and attorneys of represented parties in this case.
- 4. I was / was not previously represented by an attorney in this matter. If I do have a current attorney of record, please remove the name of _____, Esq., from this matter. I certify that I have given written notice by first class mail / hand delivery to that attorney's address at _____ on _____, 20__.

5. I have provided a copy of this entry of appearance to all self-represented parties and to the attorneys of represented parties at the following address (*Use reverse side if you need more space*):
Address

6. My contact information for the purpose of communication and service regarding this case is:
Street Address or P.O. Box: _____
City, State, Zip Code: _____
Telephone (____) _____ - _____ Fax (optional): (____) _____ - _____.
 My contact information is confidential pursuant to my "Protection From Abuse Order", Case No. _____; the information above is not my personal contact information but should be used for service in this case.

I UNDERSTAND THAT THIS ADDRESS WILL BE THE ONLY ADDRESS TO WHICH NOTICES AND PLEADINGS IN THIS CASE WILL BE SENT AND THAT I AM RESPONSIBLE TO CHECK THE MAIL AT THIS ADDRESS SO I DON'T MISS IMPORTANT DEADLINES OR PROCEEDINGS.

- 7. I understand that while representing myself I will be required to follow the State and Crawford County Rules of Civil Procedure and all applicable laws.
- 8. I understand that this Entry of Appearance will not delay any deadlines or hearings in my court case.

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. § 4909 relating to unsworn falsification to authorities.

Date

Signature

IN FORMA PAUPERIS

This form is to be completed if you feel that you cannot afford the \$200 mediation fee and the filing fee (\$106.50 as of Feb. 2007). If the Judge agrees that you CANNOT afford these fees, based on the answers provided on the IFP, then the County will pay the fees for you. If the Judge feels you CAN pay the mediation and filing fees, you may file the Custody Complaint along with the \$306.50 total fee to the Prothonotary's Office in the Courthouse.

1. Fill out these forms to the best of your abilities, completing every line that applies. Leave NO BLANK LINES. Use "None" or "0" if necessary—not dashes or "N/A."
2. Be sure the top heading is completed EXACTLY THE SAME on all forms. In other words, be sure the Plaintiff is shown as the same and the Defendant is shown as the same on every form.
3. DO NOT USE N/A any place on the form. Everything is applicable, even if the answer is "none" or "0." Put something on each line, particularly on the "Affidavit in Support of Petition to Proceed In Forma Pauperis." Also on the IFP, be very specific about your income and what is paid out each month—be sure you indicate if these are "per month" or "per year," etc. Pay close attention to page 14, (f) Debts and obligations where it says "Other." Be sure you list all household expenses including utilities, food, medical bills, insurances, child care expenses, etc. The courthouse needs a true income to debt ratio.
4. Sign the forms where it asks for a signature from "Petitioner/Plaintiff." Do not sign any line where there is a blank line with a "J" underneath. That is where the judge signs.
5. Once you have completed this packet, return it to the Prothonotary's Office, 1st Floor, Crawford County Courthouse, 903 Diamond Park, Meadville, PA 16335. It will be delivered to the Court Administrator and ultimately to a judge who will consent or object based on the information given. It will come back to the Court Administrator's office for a mediator to be assigned if everything has been approved. Then the papers go back down to the Prothonotary's Office and they will distribute copies to you and to the Defendant as well as the mediator. You will be hearing from the mediator sometime after that to set up your mediation appointment.

**IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW**

Plaintiff	:	
v.	:	F.D. No.: _____
Defendant	:	

PETITION TO PROCEED IN FORMA PAUPERIS
PURSUANT TO Pa.R.C.P. 240

I, the undersigned, do hereby state under oath:

1. My name is _____ and I live at _____
_____.
2. I have filed the above action but I do not have the financial resources to pay the costs of filing such action and any other costs of litigation.
3. I am not represented by an attorney in this matter.
4. I have attached an affidavit to this petition concerning my financial situation.
5. I request that the Court allow me to proceed without paying any costs or fees with respect to this litigation.

I verify that the statements made in this Petition are true and correct to the best of my knowledge, information, and belief. I further understand that any false statements made herein are subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsifications to authorities.

Date _____

Plaintiff

**IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW**

_____ ,	:	
Plaintiff	:	
v.	:	F.D. No.: _____
_____ ,	:	
Defendant	:	

AFFIDAVIT TO PROCEED IN FORMA PAUPERIS
PURSUANT TO Pa.R.C.P. 240

TO THE HONORABLE JUDGES OF SAID COURT:

The petitioner represents and avers as follows:

1. The petitioner is the Plaintiff in the above matter and because of financial condition is unable to pay the fees and costs of prosecuting or defending the action or proceeding.
2. The petitioner is unable to obtain funds from anyone, including family and associates, to pay costs of litigation.
3. The petitioner represents that the information below relating to petitioner's ability to pay the fees and costs is true and correct:

(a) Name: _____

Address: _____

(b) Employment: If you are presently employed, state:

Employer: _____

Address: _____

Salary or wages per month _____

Type of Work: _____

If you are presently unemployed, state:

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

(c) 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: _____

Workman's compensation: _____

Public Assistance: _____

Other: _____

(d) Other contributions to household support:

(Wife)(Husband) Name: _____

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

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

(e) Property owned:

Cash: _____

Checking account: _____

Savings account: _____

Certificates of deposit: _____

Real estate (including home): _____

Motor Vehicles: Make: _____ Year: _____

Cost: _____ Amt. Owed: _____

Stocks, bonds: _____

Other: _____

(f) Debts and obligations:

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) Persons dependent upon you for support:

(Wife)(Husband) name: _____

Children, if any:

Name: _____ Age: _____

Other persons:

Name: _____

Relationship: _____

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

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

Date: _____

Petitioner

**IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA
CIVIL ACTION-LAW**

_____ ,	:	
Plaintiff	:	
v.	:	F.D. No.: _____
_____ ,	:	
Defendant	:	

ORDER

AND NOW, this _____ day of _____ 20____, upon consideration of the Petition filed by the Plaintiff in this action, and supported by an affidavit attached hereto, all being pursuant to Pa.R.C.P. 240, the Plaintiff is granted leave to proceed in forma pauperis at this time.

The Plaintiff is directed to inform the Prothonotary's office or the Court of any improvement in his / her financial circumstance that would permit him / her to pay the costs incurred in this action and shall be responsible for doing so upon an improvement of financial condition.

BY THE COURT:

J. _____,

**IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA
CIVIL ACTION – LAW**

Plaintiff	:	
	:	
vs.	:	F.D. _____
	:	
Defendant	:	

ORDER

AND NOW, this ____ day of _____, 20____, the Court having appointed a custody mediator in this action for custody, and/or partial custody and/or visitation of a minor child or children, it is ORDERED AND DIRECTED as follows:

1. The Plaintiff is allowed to proceed without payment of court costs reserving to the Court the right to impose costs at a later time.
2. The Prothonotary is ordered and directed to deliver a true and correct copy of this Order and any complaint or petition filed at the time this Order was entered and any required notice, with appropriate numbers of copies, to the Sheriff of Crawford County for service upon the Defendant.
3. The Plaintiff is ordered and directed to immediately go to the Sheriff's office to give the Sheriff written instructions on when and where the Defendant may be served.
4. The Sheriff of Crawford County is ordered and directed to serve a true and correct copy of the complaint of petition and order to the Defendant and make an appropriate return of service as required by the law.

The Sheriff shall indicate the cost of service which said cost shall be paid by Crawford County and which said cost may be taxed as record costs and imposed as costs by the Court.

BY THE COURT

J