

NORTHWESTERN LEGAL SERVICES

Custody Clinic

STEPS TO MEDIATION

- I. Complete the Complaint/Petition
- II. Copies of the Complaint (4 copies)
 1. Original
 2. Copy for Mediator
 3. Service copy
 4. Your copy
- III. File the Complaint and In Forma Pauperis (IFP) Petition (if needed) at the Courthouse - Filing Fee: \$92.50
- IV. Serve the Complaint on the Defendant

Service Options:

1. Leave a copy for the Sheriff with the Protonotary. (There is a fee if not IFP.)
 2. Serve by certified mail - return receipt - restricted delivery
 3. Personal service by someone not a party to the proceeding.
- IV Complete and file and Affidavit of Service. (If the Sheriff serves the complaint, Sheriff will file the proof of service.)
 - V. Family Law Office schedules the Mediation Conference.

_____ ,	:	IN THE COURT OF COMMON PLEAS
_____ ,	:	
Plaintiff(s)	:	OF McKEAN COUNTY, PENNSYLVANIA
	:	
v.	:	CIVIL ACTION - LAW
_____ ,	:	
_____ ,	:	NO. _____ C.D. _____
Defendant(s)	:	

PETITION TO PROCEED IN FORMA PAUPERIS

Petitioner respectfully represents as follows:

1. I am indigent and unable to pay the costs of this proceeding.
2. An affidavit showing my inability to pay fees and costs is attached hereto.

WHEREFORE, Petitioner requests that this Honorable Court grant leave to proceed In Forma Pauperis in this matter.

Date: _____

 Petitioner

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

ORDER

AND NOW, this _____ day of _____, 200___, Petitioner is granted leave to proceed In Forma Pauperis.

BY THE COURT:

 JUDGE

AFFIDAVIT - IN FORMA PAUPERIS

1. I am the plaintiff in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending this action or proceeding.

2. I am unable to obtain funds from anyone, including my 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.

(a) Name: _____

Address: _____

Social Security Number: _____

(b) Employment

If you are presently employed, state:

Employer: _____

Address: _____

Salary/wages per month: _____

Type of work: _____

If you are presently unemployed, state:

Date of last employment: _____

Salary/wages per month: _____

Type of work: _____

(c) Other income within the past 12 months

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pensions 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

Spouse's name: _____
If your spouse is employed, state:
Employer: _____
Salary/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: _____
Motor vehicle: Make: _____ Year: _____
 Cost: _____ Amount owed: _____

Stocks, bonds: _____
Other: _____

(f) Debts and obligations:

Mortgage: _____
Rent: _____
Loans: _____
Other: _____

(g) Persons dependent upon you for support:

Spouse's 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
_____, :
Plaintiff(s) : OF McKEAN COUNTY, PENNSYLVANIA
:
v. : CIVIL ACTION - LAW
_____, :
_____, :
Defendant(s) : NO. _____ C.D. _____

ORDER OF COURT

You, _____, defendant(s), have been sued in Court to OBTAIN custody, partial custody or visitation of the child(ren):

[Names of child(ren)]

You are Ordered to appear in person at _____
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, partial custody or visitation may be entered against you or the Court may issue a warrant for your arrest.

YOU SHOULD TAKE THIS PAPER TO YOUR ATTORNEY AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

**NORTHWESTERN LEGAL SERVICES
100 Main Street
Bradford, PA 16701
(814) 362-6596
1-800-753-5703**

**AMERICANS WITH DISABILITIES
ACT OF 1990**

The Court of Common Pleas of McKean 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.

_____ ,	:	IN THE COURT OF COMMON PLEAS
_____ ,	:	
Plaintiff(s)	:	OF McKEAN COUNTY, PENNSYLVANIA
	:	
v.	:	CIVIL ACTION - LAW
_____ ,	:	
_____ ,	:	NO. _____ C.D. _____
Defendant(s)	:	

PETITION FOR MODIFICATION OF CUSTODY ORDER

1. The petition of _____ , respectfully represents that on _____ , 200____ , an Order of Court was entered for CUSTODY, a true and correct copy of which is attached.

2. This Order should be modified because: _____

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

Date: _____

 Petitioner

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: _____

 Petitioner

_____, : IN THE COURT OF COMMON PLEAS
_____, :
Plaintiff(s) : OF McKEAN COUNTY, PENNSYLVANIA
: v. :
: CIVIL ACTION - LAW
_____, :
_____, :
Defendant(s) : NO. _____ C.D. _____

ORDER OF COURT

You, _____, defendant(s), have been sued in Court to OBTAIN custody, partial custody or visitation of the child(ren):

[Names of child(ren)]

You are Ordered to appear in person at _____
on _____, at _____, _____ M., for
[Day and Date] [Time]

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

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By the Court:

Date:

J.

_____, : IN THE COURT OF COMMON PLEAS
_____, :
Plaintiff(s) : OF McKEAN COUNTY, PENNSYLVANIA
: v. :
: CIVIL ACTION - LAW
_____, :
_____, :
Defendant(s) : NO. _____ C.D. _____

COMPLAINT FOR CUSTODY

1. The plaintiff is _____, residing at

[Street] [City] [Zip] [County]

2. The defendant is _____, residing at

[Street] [City] [Zip] [County]

3. Plaintiff seeks custody of the following child(ren):

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

_____ was (were) born out of wedlock.
[Name(s) of child(ren)]

9. The relationship of the defendant to the child(ren) is that of _____.

The defendant currently resides with the following persons:

Name	Relationship

10. Plaintiff (has) (has not) participated as a party or as a witness, or in any other capacity, in other litigation concerning the custody of the child(ren) in this or any other 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 or any other state. 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(ren) or claims to have custody or visitation rights with respect to the child(ren). The name and address of such person is:

11. The best interest and permanent welfare of the child(ren) 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(ren)):

12. Each parent whose parental rights to the child(ren) has not been terminated and the person who has physical custody of the child(ren) have been named as parties tot his action. All other persons, named below, who are know to have or claim a right to custody or visitation of the child will be given notice of the pendency of this action and the right to intervene:

Name	Address	Basis of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wherefore plaintiff requests that the Court grant (custody)(partial custody)(visitation) of the child(ren).

Date: _____
Plaintiff, Pro Se

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

_____ ,	:	IN THE COURT OF COMMON PLEAS
_____ ,	:	
Plaintiff(s)	:	OF McKEAN COUNTY, PENNSYLVANIA
	:	
v.	:	CIVIL ACTION - LAW
_____ ,	:	
_____ ,	:	NO. _____ C.D. _____
Defendant(s)	:	

AFFIDAVIT OF SERVICE

I am a competent adult and did serve the following legal document upon the defendant as follows:

1. Name of the document: _____
2. Person served: _____
3. When Served: _____

(Time)
(Date)
4. The place I personally served the document or the address to which I mailed the document:

(City) (State) (Zip)

5. Manner of Service:
 - Handing a copy to said person.
 - Handing a copy at said person's residence to an adult member of the family with whom said person resides.
 - Mailing said document by certified mail, restricted to the addressee only, return receipt requested.

(Note: If service is by mail, you must attach additional proof. Please check the applicable box.)

 - Attached is a return receipt signed by said person.
 - Attached is a return letter with the notation that said person refused to accept delivery. I also mailed said document to said person by regular first class mail and it was not returned within fifteen days after mailing.

The above statement is made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

(Signature)

(Print Name)