

Modification of a Custody Order Packet

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 use by people who already have a custody order in place in Crawford County, and they would like to change/modify it.

If you have a custody order that was done in another County or State, you will either have to file your petition in that County or State, or try to have your case moved to Crawford County. If you want to try to move your case to Crawford County, you should speak to an attorney.

When filling out these forms, you are given several options for the type(s) of custody you are seeking. You may request a form of legal custody and/or a form of physical custody. Legal custody is the right to make major decisions on behalf of the child, including, but not limited to, medical, religious and educational decisions. Physical custody is the actual physical possession and control of a child. Your options and their definitions under 23 Pa.C.S. § 5322(a) are:

- **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.
- **Supervised physical custody** – 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.

You will need the following to complete this packet:

- Contact information for yourself and the other party;
- A copy of the most recent order in this case;
- The reason you are requesting the modification; and
- When filling out the “Criminal Record / Abuse History Verification”, If you or anyone in your household has been convicted of any of the crimes on the form:
 - The type of crime,
 - The date of conviction, guilty plea, no contest plea or pending charges, and
 - The sentence.

Instructions:

1. When filling out these forms, please write as clearly and neatly as possible.
2. Fill out these forms to the best of your abilities. DO NOT LEAVE ANY LINES BLANK. Use "None" or "0" if necessary. Do NOT use "N/A" anywhere on these forms.
3. Be sure the caption is filled out EXACTLY the same on all forms; you should always have the same names in the same place on each form. Check the original case's caption and use the same names for the "Plaintiff" and "Defendant" in the captions in this packet. The "No." line is for the case number, which was assigned when the original complaint was filed.
4. Since you are filing a petition, you are the "Petitioner". The other party is the "Respondent".
5. Fill out the "Petition for Modification of a Custody Order" [page 4], and one copy of the "Criminal Record / Abuse History Verification" [pages 7-10]. You can fill out the caption and the "Respondent's" and child(ren)'s names on the "Order of Court" [pages 5-6]. Do not fill in the Mediator's name or sign the Order.
6. When you file these forms you will have to pay the \$200 mediation fee at the Prothonotary's Office unless you and the "Respondent" have agreed to a new consent order and mediation will therefore not be necessary. If you feel you cannot afford that fee, you can fill out the "In Forma Pauperis" paperwork to request that the County pay the fee for you. This paperwork is available at the Law Library on the main floor of the Crawford County Judicial Center.
7. After you file the forms, you will have to serve the "Respondent" with the Petition, Order, and your Verification. You will also have to attach the second copy of the "Criminal Record / Abuse History Verification" for the "Respondent" to fill out and file. You should serve the "Respondent" as directed by Pennsylvania Rule 440; a copy of that rule is attached. Generally:
 - a. If the "Respondent" has an attorney, you should mail by regular first class mail, hand deliver or leave a copy of the documents at the 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 in this case agreed to receive service that way.
 - b. If the "Respondent" does not have an attorney and you know their current address, you should mail by regular first class mail, hand deliver or leave a copy of the documents at the "Respondent's" home.
 - c. If the "Respondent" does not have an attorney and you do not know the "Respondent's" current address, you should mail by regular first class mail or leave a copy of the documents at the address that the "Respondent" put on their most recent pleading in this case, or hand deliver the documents if you can locate the "Respondent" somewhere else.
 - d. You can serve the documents by fax if the "Respondent" or his/her attorney agreed, or if the "Respondent" or his/her 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.
8. The mediation will be scheduled after you file the petition. You and the "Respondent" will receive notice of the mediation by mail from the Court Administrator's Office.

RULE 440. SERVICE OF LEGAL PAPERS OTHER THAN ORIGINAL PROCESS

(a) (1) Copies of all legal papers other than original process filed in an action or served upon any party to an action shall be served upon every other party to the action. Service shall be made

(i) by handing or mailing a copy to or leaving a copy for each party at the address of the party's attorney of record endorsed on an appearance or prior pleading of the party, or at such other address as a party may agree, or

Official Note - Such other address as a party may agree might include a mailbox in the Prothonotary's Office or an e-mail address. For electronic service by means other than facsimile transmission, see Rule 205.4(g).

(ii) by transmitting a copy by facsimile to the party's attorney of record as provided by subdivision (d).

(2) (i) If there is no attorney of record, service shall be made by handing a copy to the party or by mailing a copy to or leaving a copy for the party at the address endorsed on an appearance or prior pleading or the residence or place of business of the party, or by transmitting a copy by facsimile as provided by subdivision (d).

(ii) If such service cannot be made, service shall be made by leaving a copy at or mailing a copy to the last known address of the party to be served.

Official Note - This rule applies to the service upon a party of all legal papers other than original process and includes, but is not limited to, all other pleadings as well as motions, petitions, answers thereto, rules, notices, interrogatories and answers thereto. Original process is served under Rule 400 *et seq.*

(b) Service by mail of legal papers other than original process is complete upon mailing.

(c) If service of legal papers other than original process is to be made by the sheriff, he shall notify by ordinary mail the party requesting service to be made that service has or has not been made upon a named party or person.

(d) (1) A copy may be served by facsimile transmission if the parties agree thereto or if a telephone number for facsimile transmission is included on an appearance or prior legal paper filed with the court.

(2) The copy served shall begin with a facsimile cover sheet containing

(i) the name, firm, address, telephone number, of both the party making service and the party served,

(ii) the facsimile telephone number of the party making service and the facsimile telephone number to which the copy was transmitted,

(iii) the title of the legal paper served, and

(iv) the number of pages transmitted.

(3) Service is complete when transmission is confirmed as complete.

Official Note - See Rule 236(d) providing for the Prothonotary to give notice of orders and judgments, and also other matters, by facsimile or other electronic means. See Rule 205.4 governing filing and service of legal papers by electronic means other than facsimile transmission.

Source The provisions of this Rule 440 adopted July 5, 1985, effective January 1, 1986, 15 Pa.B. 2452; amended November 7, 1988, effective January 1, 1989, 18 Pa.B. 5333; amended August 3, 1998, effective January 1, 1999, 28 Pa.B. 3928; amended June 14, 1999, effective July 1, 1999, 29 Pa.B. 3189; amended November 28, 2000, effective January 1, 2001, 30 Pa.B. 6421; amended December 16, 2003, effective July 1, 2004, 34 Pa.B. 9. Immediately preceding text appears at serial pages (297566) to (271785).

**COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA
CIVIL ACTION**

Plaintiff

V.

Defendant

.....

No. _____

PETITION FOR MODIFICATION OF A CUSTODY ORDER

1. The Petitioner's name is: _____ who resides at _____

Home phone: _____ Cell phone: _____

Work phone: _____ Message phone: _____

2. The Respondent's name is _____ who resides at _____

Home phone: _____ Cell phone: _____

Work phone: _____ Message phone: _____

3. Petitioner respectfully represents that on _____, _____ an Order of Court was entered for shared legal custody / sole legal custody / 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).

Petitioner, Self Represented

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 OF CRAWFORD COUNTY, PENNSYLVANIA
CIVIL DIVISION

Plaintiff

v.

No. _____

Defendant

ORDER OF COURT

You, _____, have been sued in Court to obtain / modify
(Name of Respondent)
 shared legal custody / sole legal custody / partial physical custody / primary physical
custody / shared physical custody / sole physical custody / supervised physical custody of the
child(ren):

You are ORDERED to appear in person at such time and place as will be determined by Mediator
_____, Esq. for a mediation conference. The Mediator shall send you a
Notice of the hearing by mail to the address listed on the complaint or petition that has been filed recently.

If you fail to appear as provided by this Order, an Order for custody may be entered against you
or the Court may issue a warrant for your arrest.

You must file with the court a verification regarding any criminal record or abuse history regarding
you and anyone living in your household on or before the initial in-person contact with the court
(including, but not limited to, a conference with a conference officer or judge or conciliation) but not later
than 30 days after service of the complaint or petition.

No party may make a change in the residence of any child which significantly impairs the ability
of the other party to exercise custodial rights without first complying with all of the applicable provisions
of 23 Pa.C.S. § 5337 and Pa. R.C.P. No. 1915.17 regarding relocation.

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

**IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH
INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO PERSONS AT A REDUCED FEE
OR NO FEE.**

Court Administrator
Crawford County Judicial Center
Meadville, Pennsylvania 16335
(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: _____
Mailed to: _____
Distributed to: _____
Faxed to: _____

J.

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

Plaintiff	:	
	:	
vs.	:	AD _____
	:	
Defendant	:	

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

I, _____, hereby swear or affirm, subject to penalties of law including Pa.C.S. § 4909 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:

<i>Check all that apply</i>	<i>Crime</i>	<i>Self</i>	<i>Other household member</i>	<i>Date of conviction, guilty plea, no contest plea or pending charges</i>	<i>Sentence</i>
<input type="checkbox"/>	18 Pa. C.S. Ch. 25 (relating to criminal homicide).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2702 (relating to aggravated assault).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2706 (relating to terroristic threats).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2709.1 (relating to stalking).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2901 (relating to kidnapping).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2902 (relating to unlawful restraint).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2903 (relating to false imprisonment).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- | | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa. C.S. § 2910 (relating to luring a child into a motor vehicle or structure). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3121 (relating to rape). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3122.1 (relating to statutory sexual assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3123 (relating to involuntary deviate sexual intercourse). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3124.1 (relating to sexual assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3125 (relating to aggravated indecent assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3126 (relating to indecent assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3127 (relating to indecent exposure). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3129 (relating to sexual intercourse with an animal). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3130 (relating to conduct relating to sex offenders). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3301 (relating to arson and related offenses). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 4302 (relating to incest). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 4303 (relating to concealing the death of a child). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

- | | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa. C.S. § 4304 (relating to endangering the welfare of children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 4305 (relating to dealing in infant children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 5902 (b) (relating to prostitution and related offenses). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 5903 (c) or (d) (relating to obscene and other sexual materials and performances). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6301 (relating to corruption of minors). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6312 (relating to sexual abuse of children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6318 (relating to unlawful contact with minor). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6320 (relating to sexual exploitation of children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 23 Pa. C.S. § 6114 (relating to contempt for violation of order or agreement). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Driving under the influence of drugs or alcohol. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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

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

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

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child: _____

5. If you are aware that the other party or members of the other party's household has or have a criminal/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. § 4909 relating to unsworn falsification to authorities.

Signature

Printed Name

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

Plaintiff	:	
	:	
vs.	:	AD _____
	:	
Defendant	:	

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

I, _____, hereby swear or affirm, subject to penalties of law including Pa.C.S. § 4909 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:

<i>Check all that apply</i>	<i>Crime</i>	<i>Self</i>	<i>Other household member</i>	<i>Date of conviction, guilty plea, no contest plea or pending charges</i>	<i>Sentence</i>
<input type="checkbox"/>	18 Pa. C.S. Ch. 25 (relating to criminal homicide).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2702 (relating to aggravated assault).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2706 (relating to terroristic threats).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2709.1 (relating to stalking).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2901 (relating to kidnapping).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2902 (relating to unlawful restraint).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2903 (relating to false imprisonment).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- | | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa. C.S. § 2910 (relating to luring a child into a motor vehicle or structure). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3121 (relating to rape). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3122.1 (relating to statutory sexual assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3123 (relating to involuntary deviate sexual intercourse). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3124.1 (relating to sexual assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3125 (relating to aggravated indecent assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3126 (relating to indecent assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3127 (relating to indecent exposure). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3129 (relating to sexual intercourse with an animal). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3130 (relating to conduct relating to sex offenders). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3301 (relating to arson and related offenses). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 4302 (relating to incest). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 4303 (relating to concealing the death of a child). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

- | | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa. C.S. § 4304 (relating to endangering the welfare of children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 4305 (relating to dealing in infant children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 5902 (b) (relating to prostitution and related offenses). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 5903 (c) or (d) (relating to obscene and other sexual materials and performances). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6301 (relating to corruption of minors). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6312 (relating to sexual abuse of children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6318 (relating to unlawful contact with minor). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6320 (relating to sexual exploitation of children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 23 Pa. C.S. § 6114 (relating to contempt for violation of order or agreement). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Driving under the influence of drugs or alcohol. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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

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

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

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child: _____

5. If you are aware that the other party or members of the other party's household has or have a criminal/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. § 4909 relating to unsworn falsification to authorities.

 Signature

 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)

Vs.

(Party name as displayed in case caption)

Docket/Case No.

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:
<p>_____ (full name of adult)</p> <p style="text-align: center;">OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p style="text-align: center;">OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL
INFORMATION
FORM**



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 Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.

**CONFIDENTIAL
INFORMATION
FORM**



Additional page (if necessary)

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

**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.

**CONFIDENTIAL
INFORMATION
FORM**



Abuse Victim Addendum

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

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Child Custody <input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse		
This Information Pertains to:	Confidential Information:	References in Filing:
<hr/> (full name of abuse victim)	AV Address: <hr/>	Alternative Reference: AV 1 Address
<hr/> Docket/Case No. of Protection Order	AV Employer's Name & Address: <hr/>	Alternative Reference: AV 1 Employer's Name & Address
<hr/> Court/County	AV Work Schedule: <hr/>	Alternative Reference: AV 1 Work Schedule
	AV Other contact information: <hr/>	Alternative Reference: AV 1 Other contact information

Attach additional page(s) if necessary.

**CONFIDENTIAL
INFORMATION
FORM**



Abuse Victim Addendum
Additional page (if necessary)

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage	<input type="checkbox"/> Child Custody	
<input type="checkbox"/> Support	<input type="checkbox"/> Paternity	<input type="checkbox"/> Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</p> <p style="text-align: center;">(full name of abuse victim)</p> <p>_____</p> <p>Docket/Case No. of Protection Order</p> <p>_____</p> <p style="text-align: center;">Court/County</p>	<p>AV Address:</p> <p>_____</p> <p>AV Employer's Name & Address:</p> <p>_____</p> <p>AV Work Schedule:</p> <p>_____</p> <p>AV Other contact information:</p> <p>_____</p>	<p>Alternative Reference: AV __ Address</p> <p>Alternative Reference: AV __ Employer's Name & Address</p> <p>Alternative Reference: AV __ Work Schedule</p> <p>Alternative Reference: AV __ Other contact information</p>
Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage	<input type="checkbox"/> Child Custody	
<input type="checkbox"/> Support	<input type="checkbox"/> Paternity	<input type="checkbox"/> Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</p> <p style="text-align: center;">(full name of abuse victim)</p> <p>_____</p> <p>Docket/Case No. of Protection Order</p> <p>_____</p> <p style="text-align: center;">Court/County</p>	<p>AV Address:</p> <p>_____</p> <p>AV Employer's Name & Address:</p> <p>_____</p> <p>AV Work Schedule:</p> <p>_____</p> <p>AV Other contact information:</p> <p>_____</p>	<p>Alternative Reference: AV __ Address</p> <p>Alternative Reference: AV __ Employer's Name & Address</p> <p>Alternative Reference: AV __ Work Schedule</p> <p>Alternative Reference: AV __ Other contact information</p>