

# Complaint to Establish Paternity

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 can be used by a putative (alleged) father to establish paternity for one or more children. This packet is not for establishing custody or child support, or for establishing paternity during a custody or child support action.

You cannot file a Complaint to Establish Paternity if an order has already been issued in this or any other jurisdiction regarding paternity, custody or support of the child(ren), or if you are a party to a support or custody case that is currently pending in front of this or any other Court. If you want to verify paternity in such a case, you can file a motion to request genetic testing while the case is pending using the Civil Action Motion Court form available at the Crawford County Courthouse Law Library.

To complete this packet, you will need:

- The names of the biological mother and alleged father;
- The name(s) and date(s) of birth for the child(ren) at issue; and
- The caption and docket number for any other support, custody, divorce or similar action related to this case in Crawford County or any other jurisdiction.

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 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. Because you are filing the complaint, you are the "Plaintiff". The other party is the "Defendant".
4. Be sure the caption is filled out EXACTLY the same on each form in your case; you should always have the same names in the same place. The "FD." line is for the case number, which will be assigned when you file your complaint with the Domestic Relations Office.
5. To start your case, you should complete the "Complaint to Establish Paternity and for Genetic Testing" [pages 4-5] and the caption on the "Notice and Order" [page -65].
6. After you have filled out this packet, take the forms and at least two sets of photocopies and file them at the Domestic Relations Office. Keep one set of the photocopies for your records.
7. You will have to serve the other set of photocopies on the "Defendant". If you are going to pay the filing fee when you file your complaint, you can serve the "Defendant" by mailing the forms to him/her by Certified Mail, return receipt requested and by regular mail. If you serve the Defendant in that manner, please review Pa. R.C.P. 1930.4(c) [page 3] which explains how to be sure that you have successfully served the Defendant. If you are asking the County to pay the filing fee, see instruction #9 for information on service through the Sheriff's Office.
8. If you think you cannot afford the filing fee, fill out the In Forma Pauperis forms [pages 7-12]. When filling out the "Affidavit in Support of Petition to Proceed In Forma Pauperis Pursuant to Pa. R.C.P 240" [pages 8-10], be very specific about your income and what you pay out each month - be sure you indicate if the amounts are "per month" or "per year". Pay close attention to Section (f), Debts and Obligations on page 21, where it says "Other". Also, be sure you list all household expenses including utilities, food, medical bills, insurance, child care expenses, etc. We need a true income to debt ratio.
9. If you file the "Petition to Proceed In Forma Pauperis", the Court will review your petition and the information you proved in the affidavit and let you know if you can proceed in forma pauperis.
  - a. If your petition is granted, a copy of your "Complaint to Establish Paternity and for Genetic Testing" will be sent to the Sheriff's Office on the third floor of the Crawford County Courthouse. As soon as you are informed that your petition is granted, you should go to the Sheriff's Office and tell them how to find the "Defendant" so she can be served with your complaint.
  - b. If your petition is denied, you will have ten (10) days to pay the filing fee. If you do not pay the fee within ten days, your case will be dismissed. After you pay the filing fee, follow the instructions for service in instruction #7.
10. A hearing on this matter will be scheduled after you file your complaint and serve the "Defendant". You and the "Defendant" will receive a copy of the "Notice and Order" with the date and time of the hearing. If you do not attend the hearing, your case will be dismissed by the Court.

**Rule 1930.4(c). Service of Original Process in Domestic Relations Matters.**

Service by Mail. Except in Protection from Abuse matters unless authorized by special order of court pursuant to subdivision (b) above, original process may also be served by mailing the complaint and order to appear, if required, to the defendant's last known address by both regular and certified mail. Delivery of the certified mail must be restricted to addressee only, and a return receipt must be requested.

(1) If the certified mail is refused by defendant, but the regular mail is not returned within fifteen days, service may be deemed complete.

(2) If the mail is returned with notation by the postal authorities that it was unclaimed, service shall be made by another means pursuant to these rules.

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

\_\_\_\_\_  
Plaintiff  
:  
:  
:  
v. \_\_\_\_\_ FD. \_\_\_\_\_  
:  
:  
:  
\_\_\_\_\_  
Defendant

**COMPLAINT TO ESTABLISH PATERNITY AND FOR GENETIC TESTING**

Plaintiff, \_\_\_\_\_, requests genetic testing to establish paternity pursuant to 23 Pa. C.S. §4343 and in support of that request states:

1. Plaintiff is an adult individual who resides at \_\_\_\_\_.
2. Defendant is an adult individual who resides at \_\_\_\_\_.
3. Defendant is the natural mother and Plaintiff believes that he may be the natural father of the following children:

CHILD'S NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____

4. The above named child(ren) reside(s) at the following address with the following individuals:

ADDRESS	PERSON(S) LIVING WITH CHILD	RELATIONSHIP TO CHILD
_____	_____	_____
_____	_____	_____

5. The Defendant  was  was not married at the time the child(ren) was/were born.
6. The Defendant  is  is not now married. If married, her spouse is \_\_\_\_\_.
7. There  is  is not a custody, support, or other action involving the paternity of the above named child(ren) now pending in any jurisdiction. If there is any such action, identify the state, county, parties' names and docket number: \_\_\_\_\_.
8. There  has  has not been a determination by any court as to the paternity of the child(ren) in any prior support, custody, divorce or any other action. If there is any such decision, identify the state, county, parties' names and docket number: \_\_\_\_\_.

9.  Plaintiff agrees to pay all costs associated with genetic testing directly to the testing facility in accordance with the procedures established by that facility.

OR

Plaintiff, having filed a Petition to Proceed In Forma Pauperis, states that he is unable to pay the costs associated with genetic testing.

WHEREFORE, Plaintiff requests that the Court order Defendant to submit to genetic testing and to make the child(ren) available for genetic testing, and any other such relief as the Court may deem appropriate.

\_\_\_\_\_  
Plaintiff

**VERIFICATION**

I, \_\_\_\_\_, verify that the statements made in this petition are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Plaintiff

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

Plaintiff	:	
	:	
	:	
v.	:	FD. _____
	:	
Defendant	:	

**NOTICE OF HEARING AND ORDER**

**YOU HAVE BEEN SUED IN COURT.** If you wish to defend against the claims set forth in the Complaint to Establish Paternity and for Genetic Testing, you must appear at the hearing scheduled below. If you fail to do so, the case may proceed against you and a final order may be entered against you granting the relief requested by the Plaintiff.

Plaintiff and Defendant are directed to appear on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ .m. in Courtroom \_\_\_\_\_ for a hearing on Plaintiff's request for genetic testing.

**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 ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.**

Court Administrator  
Crawford County Courthouse  
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:

\_\_\_\_\_  
J.

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

\_\_\_\_\_  
Plaintiff  
:  
:  
:  
v. \_\_\_\_\_ FD. \_\_\_\_\_  
:  
:  
\_\_\_\_\_  
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.

6. 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.A. § 4904 relating to unsworn falsifications to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff

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

\_\_\_\_\_  
Plaintiff  
v. \_\_\_\_\_ FD. \_\_\_\_\_  
\_\_\_\_\_  
Defendant

**AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED IN FORMA PAUPERIS  
PURSUANT TO Pa. R.C.P. 240**

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 the action of proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the cost 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 \_\_\_\_\_  
\_\_\_\_\_

(b) Employment:

(i) I am presently employed and state as follows:  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Salary or wages per month \_\_\_\_\_  
Type of work \_\_\_\_\_

(ii) I am presently unemployed and state as follows:  
Date of last employment \_\_\_\_\_  
Salary or wages per month \_\_\_\_\_  
Type of work \_\_\_\_\_

(c) Other income within the past twelve months:  
Business or profession \$ \_\_\_\_\_ per month  
Other self-employment \$ \_\_\_\_\_ per month  
Interest \$ \_\_\_\_\_ per month



Dividends \$ \_\_\_\_\_ per month  
Pension and annuities \$ \_\_\_\_\_ per month  
Social Security benefits \$ \_\_\_\_\_ per month  
Support payments received \$ \_\_\_\_\_ per month  
Disability payments \$ \_\_\_\_\_ per month  
Unemployment compensation and supplemental benefits \$ \_\_\_\_\_ per month  
Worker's compensation \$ \_\_\_\_\_ per month  
Public Assistance \$ \_\_\_\_\_ per month  
Other \_\_\_\_\_  
\_\_\_\_\_

(d) Other contributions to the support of my household by \_\_\_\_\_,  
my (Wife) (Husband) (Other adult living with me).

My (wife) (husband) (or other adult living with me) is employed, and I state:  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Salary or wages per month \_\_\_\_\_  
Type of work \_\_\_\_\_

My wife, husband or other adult living with me is not employed.  
Contributions from children \_\_\_\_\_ per month  
Contributions from parents \_\_\_\_\_ per month  
Other contributions \_\_\_\_\_ per month

(e) Property owned:

Cash \$ \_\_\_\_\_  
Checking account(s) \$ \_\_\_\_\_  
Savings account(s) \$ \_\_\_\_\_  
Certificates of deposit \$ \_\_\_\_\_  
Real estate (including home) value \$ \_\_\_\_\_  
Motor vehicle(s):      Make \_\_\_\_\_      Year \_\_\_\_\_  
   Cost \_\_\_\_\_      Amt. Owed \_\_\_\_\_  
Stocks; bonds \$ \_\_\_\_\_  
Other \_\_\_\_\_

(f) Debts and obligations:

Mortgage \$ \_\_\_\_\_ per month  
Rent \$ \_\_\_\_\_ per month  
Loans \$ \_\_\_\_\_ per month  
Other \_\_\_\_\_  
\_\_\_\_\_

(g) Persons dependent upon me for support:

(Wife) (Husband) Name \_\_\_\_\_

Children, if any:

Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other persons:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

4. Petitioner  is  is not receiving Public Assistance.

5. I agree that I have a continuing obligation to inform the Court and my court-appointed counsel of any improvement in my financial circumstances which then may enable me to pay attorneys fees.

WHEREFORE, petitioner respectfully requests that this Court appoint and assign counsel to represent him/her in this action.

\_\_\_\_\_

I verify that the statements made in this affidavit are true and correct to the best of my knowledge, information and belief. I understand that 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.	:	FD. _____
	:	
	:	
Defendant	:	

**ORDER**

**AND NOW,** \_\_\_\_\_, **20** \_\_\_\_\_, upon consideration of the Petition filed by the Plaintiff in this action, and supported by an Affidavit attached thereto, 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 if any improvement in his financial circumstances that would permit him to pay the cost incurred in this action and shall be responsible for doing so upon an improvement of his financial condition.

**BY THE COURT:**

\_\_\_\_\_  
**J.**

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

\_\_\_\_\_  
Plaintiff  
v. \_\_\_\_\_ FD. \_\_\_\_\_  
\_\_\_\_\_  
Defendant

**ORDER**

**AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_**, the Court upon consideration of the petition filed by the Plaintiff, 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 or 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.