

## FILING FOR CUSTODY FORMS

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 Pennsylvania and Crawford County Rules of Civil Procedure and all applicable laws even if you do not have an attorney.

This packet contains the forms for filing for custody in Crawford County. These forms can only be used if there are no custody orders already in place for the child(ren) referenced in the Complaint. When filling out this packet, you should only refer to the child(ren) by their initials to protect their confidentiality. You must file a "Confidential Information Form with Compliance Certificate" that list the child(ren) by name(s) and initials so the Court and the people involved in the case are aware of the identities of the child(ren).

Included in this packet is a "Petition to Proceed in Forma Pauperis" (IFP). If you feel that you cannot afford the filing fee for your case, you can use the IFP Petition to ask the Court to allow you to file without paying the fee. If, after reviewing your Complaint and "Affidavit to Proceed In Forma Pauperis," the Judge agrees that you cannot afford this filing fee, then the County will pay the fee for you. If the Judge feels you can pay the fees you will have to pay all of the filing fee when you file your case in the Prothonotary's Office.

You will need the following information to complete the Complaint for Custody:

- The contact information for yourself, the Defendant, and the child(ren);
- The addresses of every place the child(ren) has/have lived for the past five years;
- The names of the people you, the Defendant, and the child(ren) live with; and
- The names of any people besides you and the Defendant who have custody rights to the child(ren).

You will need the following information 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.

You will need the following information to complete the *in forma pauperis* forms:

- The name and contact information for your current employer;
- Your current salary or wages per month;
- If you are unemployed, the date you were last employed and your salary or wages per month from that job;
- Any other income you have had in the last twelve (12) months;
- Any money given by anyone else to pay your household's bills;
- All property, cash, and bank accounts that you own;
- All of your expenses;
- All debts that you currently owe; and
- The names of anyone that you support.

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, completing every line that applies. **DO NOT LEAVE ANY LINES BLANK.** Use “None” or “0” if necessary. **DO NOT USE “N/A” (not applicable) anywhere on the forms.**
3. Since 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 all forms; the “Plaintiff” and the “Defendant” lines should always have the same names in the same place on each form. The “FD” line is for the case number, which will be assigned by the Prothonotary’s Office when you file your Complaint.
5. When filling out this packet, do not write out the child(ren)’s full name(s); only list their initials. See the instructions for the “Confidential Information Form with Compliance Certificate” for including the names.
6. To start your case, you should fill out the entire “Complaint for Custody” [pages 3-6], the caption along with the Defendant’s name and child(ren)’s initials on the “Custody Conference Order” [page 7], and one of the two “Criminal Record/Abuse History Verification” forms [pages 8-11].
7. If the custody of several children is sought and the information required is not identical for all of the children, the complaint should contain a separate paragraph for each child.
8. When filling out these forms, you are given several options for the type(s) of custody you are seeking. You may request one form of legal custody and/or one 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.
9. After you have filled out this packet, make at least two photocopies of the completed forms. File the original copies at the Prothonotary’s Office, and keep one of the photocopies for your record.
10. You will have to serve a photocopy of the Complaint and your Verification on the Defendant, along with a blank Verification form. Mail these to the Defendant by certified mail, return receipt requested.
11. After you file the packet at the Prothonotary’s Office, it will be delivered to the Court Administrator, and ultimately to a Judge who will review the documents. If the Judge approves your Complaint and signs the “Custody Conference Order” [page 7], the documents will come back to the Court Administrator’s office and your case will be heard by the conference officer.
12. You, the Defendant, and the conference officer will receive copies of the signed “Custody Conference Order.” The conference officer will contact you sometime after that to set up the conference.
13. If you think you cannot afford the filing fee, fill out the In Forma Pauperis forms (pages 16-19). 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 19, 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.

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

\_\_\_\_\_  
Plaintiff :  
v. : FD 20 \_\_\_\_ - \_\_\_\_  
\_\_\_\_\_  
Defendant :

**COMPLAINT FOR CUSTODY**

1. Plaintiff is \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_  
(street) (city) (zip code)  
\_\_\_\_\_. (county and state)

Home phone: (\_\_\_\_\_) \_\_\_\_\_, work phone: (\_\_\_\_\_) \_\_\_\_\_. I have no telephone,  
but messages can be given to me by calling (\_\_\_\_\_) \_\_\_\_\_, who is my \_\_\_\_\_.

2. Defendant is \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_  
(street) (city) (zip code)  
\_\_\_\_\_. (county and state)

Defendant's phone number at home is (\_\_\_\_\_) \_\_\_\_\_, and at work is (\_\_\_\_\_) \_\_\_\_\_,  
or (if no telephone), messages can be given to Defendant by calling: (\_\_\_\_\_) \_\_\_\_\_, who is Defendant's  
\_\_\_\_\_.

3. Plaintiff seeks  shared legal custody  sole legal custody  partial physical custody  
 primary physical custody  shared physical custody  sole physical custody  supervised physical custody  
of the following child(ren): (give each child's initials, age, and present residence)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

5. The child(ren) is/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):

<u>List All Persons</u>	<u>List All 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. Plaintiff's relationship of to the child(ren) is that of  Mother  Father  \_\_\_\_\_  
(other)

10. Plaintiff currently resides with the following persons:

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

11. Defendant's relationship of to the child(ren) is that of  Mother  Father  \_\_\_\_\_  
(other)

12. Defendant currently resides with the following persons:

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

13. 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). 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 the 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

19(a). A plaintiff who is not a parent of the child(ren) but who stands *in loco parentis* to the child(ren) must plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(2):

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19(b)(1). A plaintiff who is a grandparent or great-grandparent of the child but who does not stand *in loco parentis* to the child(ren) must plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(3):

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19(b)(2). A plaintiff who is a grandparent or great-grandparent of the child(ren) and who seeks only partial physical custody or supervised physical custody of the child(ren) must plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(3):

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20. I have attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.Civ.P. 1915.3-2.

WHEREFORE, 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 child(ren).

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Plaintiff

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

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Telephone No.

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

\_\_\_\_\_ :  
 Plaintiff :  
 :  
 v. : FD 20 \_\_\_\_ - \_\_\_\_  
 :  
 \_\_\_\_\_ :  
 Defendant :

CUSTODY CONFERENCE ORDER

You, \_\_\_\_\_, have been sued in court to  obtain  modify custody of the following child(ren), listed by their initials: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

You are ORDERED to appear in person at the Crawford County Judicial Center for a custody conference at such a time as will be determined by the conference officer, who shall send you a notice of the hearing by mail to the address listed on the complaint 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 conference but not later than 30 days after service of the complaint.

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

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

CIVIL ACTION - LAW

	Plaintiff	:	
		:	
v.		:	FD 20 ____ - ____
		:	
		:	
	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:

<i>Check all crimes that apply</i>	<i>Self</i>	<i>Other</i>	<i>Date*</i>	<i>Sentence</i>
<input type="checkbox"/> 18 Pa.C.S. Chapter 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> 18 Pa.C.S. § 2701 (relating to simple assault)	<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. § 2705 (relating to recklessly endangering another person)	<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. § 2718 (relating to strangulation)	<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"/>	_____	_____

\* *Date of conviction, guilty plea, no contest plea or pending charges*



Check all crimes that apply

Self Other

Date\*

Sentence

<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. § 2904 (relating to interference with custody of children)	<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. Chapter 30 (relating to human trafficking)	<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 animals)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> 18 Pa.C.S. § 3130 (relating to conduct relating to sex offenses)	<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"/>	_____	_____ 4302
<input type="checkbox"/> 18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

\* Date of conviction, guilty plea, no contest plea or pending charges

Check all crimes that apply

Self Other

Date\*

Sentence

<input type="checkbox"/> 18 Pa.C.S. § 4304 (relating to endangering 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. § 5533 (relating to cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> 18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> 18 Pa.C.S. § 5543 (relating to animal fighting)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> 18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> 18 Pa.C.S. § 5902(b) or (b.1) (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 & 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)	<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"/>	_____	_____

\* Date of conviction, guilty plea, no contest plea or pending charges

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"/>	_____
<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 relationship to the child, and the state and county in which the conviction occurred:  
\_\_\_\_\_  
\_\_\_\_\_.

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 including the county and state in which the conviction occurred:  
\_\_\_\_\_  
\_\_\_\_\_.

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	:				
	:				
v.	:			FD 20	_____ - _____
	:				
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:

<i>Check all crimes that apply</i>	<i>Self</i>	<i>Other</i>	<i>Date*</i>	<i>Sentence</i>
<input type="checkbox"/> 18 Pa.C.S. Chapter 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> 18 Pa.C.S. § 2701 (relating to simple assault)	<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. § 2705 (relating to recklessly) endangering another person)	<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. § 2718 (relating to strangulation)	<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"/>	_____	_____

\* *Date of conviction, guilty plea, no contest plea or pending charges*

Check all crimes that apply

Self Other

Date\*

Sentence

<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. § 2904 (relating to interference with custody of children)	<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. Chapter 30 (relating to human trafficking)	<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 animals)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> 18 Pa.C.S. § 3130 (relating to conduct relating to sex offenses)	<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"/>	_____	_____ 4302
<input type="checkbox"/> 18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

\* Date of conviction, guilty plea, no contest plea or pending charges

Check all crimes that apply

Self Other

Date\*

Sentence

- |   |   |       |       |
|---|---|-------|-------|
| <input type="checkbox"/> 18 Pa.C.S. § 4304<br>(relating to endangering welfare<br>of children)  | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 18 Pa.C.S. § 4305<br>(relating to dealing in infant<br>children)   | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 18 Pa.C.S. § 5533<br>(relating to cruelty to animal)   | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 18 Pa.C.S. § 5534<br>(relating to aggravated cruelty<br>to animal)   | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 18 Pa.C.S. § 5543<br>(relating to animal fighting)   | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 18 Pa.C.S. § 5544<br>(relating to possession of<br>animal fighting paraphernalia)  | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 18 Pa.C.S. § 5902(b) or (b.1)<br>(relating to prostitution and<br>related offenses)  | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 18 Pa.C.S. § 5903(c) or (d)<br>(relating to obscene and other<br>sexual materials & performances)                                  | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 18 Pa.C.S. § 6301<br>(relating to corruption of minors)  | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 18 Pa.C.S. § 6312<br>(relating to sexual abuse of<br>children)   | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 18 Pa.C.S. § 6318<br>(relating to unlawful contact)  | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 18 Pa.C.S. § 6320<br>(relating to sexual exploitation<br>of children)  | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> 23 Pa.C.S. § 6114<br>(relating to contempt for<br>violation of order or agreement)   | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> Driving under the influence<br>of drugs or alcohol   | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> Manufacture, sale, delivery,<br>holding, offering for sale or<br>possession of any controlled<br>substance or other drug or device | <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ |

*\* Date of conviction, guilty plea, no contest plea or pending charges*

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"/>	_____
<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 relationship to the child, and the state and county in which the conviction occurred:  
\_\_\_\_\_  
\_\_\_\_\_.

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 including the county and state in which the conviction occurred:  
\_\_\_\_\_  
\_\_\_\_\_.

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 :  
v. : FD 20 \_\_\_\_ - \_\_\_\_  
\_\_\_\_\_, :  
Defendant :

PETITION TO PROCEED IN FORMA PAUPERIS  
PURSUANT TO PA.R.CIV.P. 240

I, the undersigned, do hereby state under oath:

1. My name is \_\_\_\_\_ and I live at \_\_\_\_\_.
2. I am a party to the above action but I do not have the financial resources to pay the 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  Defendant  Intervenor



IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

\_\_\_\_\_  
Plaintiff :  
v. : FD 20 \_\_\_\_ - \_\_\_\_  
\_\_\_\_\_  
Defendant :

AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED INFORMA PAUPERIS  
PURSUANT TO PA.R.CIV.P. 240

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

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

*If you are currently employed, state*

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Salary or wages per month: \_\_\_\_\_

Type of work: \_\_\_\_\_

*If you are currently 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: \_\_\_\_\_

Worker's compensation: \_\_\_\_\_

Public assistance: \_\_\_\_\_

Other income: \_\_\_\_\_

(d) Other contributions to household support

Name of  Wife  Husband: \_\_\_\_\_

*If your wife or 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 vehicle: \_\_\_\_\_ Make \_\_\_\_\_

Year \_\_\_\_\_ Cost \_\_\_\_\_ Amount owed \$ \_\_\_\_\_

Stocks and bonds: \_\_\_\_\_

Other: \_\_\_\_\_

(f) Debts and obligations

Mortgage: \_\_\_\_\_

Rent: \_\_\_\_\_

Loans: \_\_\_\_\_

Other: \_\_\_\_\_

(g) Persons dependent upon you for support

Wife  Husband Name: \_\_\_\_\_

Children, if any, by initials and age: \_\_\_\_\_ age \_\_\_\_\_; \_\_\_\_\_ age \_\_\_\_\_;  
\_\_\_\_\_ age \_\_\_\_\_; \_\_\_\_\_ age \_\_\_\_\_; \_\_\_\_\_ age \_\_\_\_\_

Other persons:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

4. I understand that I have 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 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  Defendant  Intervenor

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

\_\_\_\_\_,  
Plaintiff  
v.  
\_\_\_\_\_,  
Defendant :

FD 20 \_\_\_\_ - \_\_\_\_

**ORDER**

**AND NOW,** \_\_\_\_\_, 20\_\_\_\_, upon consideration of the Petition filed in the above captioned case, and supported by an Affidavit attached thereto, all being pursuant to Pa.R.Civ.P. 240, the petitioning party is granted leave to proceed *in forma pauperis* at this time.

The party petitioning for leave to proceed *in forma pauperis* is directed to inform the Prothonotary's office or the Court of any improvement in their financial circumstances that would permit them to pay the cost incurred in this action, and shall be responsible for doing so upon an improvement of their financial condition.

**By the Court,**

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

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

\_\_\_\_\_  
Plaintiff :  
v. : FD 20 \_\_\_\_ - \_\_\_\_  
\_\_\_\_\_  
Defendant :

**ORDER**

**AND NOW,** \_\_\_\_\_, 20\_\_\_\_, the Plaintiff in this case having been granted leave to proceed *in forma pauperis*, the Court ORDERS and DIRECTS as follows:

1. The Prothonotary is to deliver a true and correct copy of this Order and any Complaint 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;
2. The Plaintiff is to immediately go to the Sheriff's Office to give the Sheriff written instructions on when and where the Defendant may be served; and
3. The Sheriff of Crawford County is to serve a true and correct copy of the Complaint 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.