

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 State 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 children mentioned in the Petition. When filling out this packet, you should only refer to the child(ren) by their initials to protect their confidentiality. You should file a "Confidential Information Form with Compliance Certificate" that list the children by names 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 \$145 filing fee and the \$200 mediation fee for your case, you can use the IFP to request that the Court allow you to file without paying the fees. If, after reviewing your Petition and "Affidavit to Proceed In Forma Pauperis", the Judge agrees that you cannot afford the \$345, then the County will pay the fees for you. If the Judge feels you can pay the fees, you will have to pay all of the filing fees when you file your case with the Prothonotary's Office.

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

- 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" 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" and child(ren)'s names on the "Order of Court Appointing Child Custody Mediator" [page 7], and one of the copies of the "Criminal Record/Abuse History Verification" [pages 8-11].
7. 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.
8. After you have filled out this packet, take the forms and at least two photocopies and file them at the Prothonotary's Office. Keep one of the photocopies for your records.
9. You will have to serve the other copy of the Complaint and your Verification along with the blank Verification on the "Defendant". Mail the forms to the "Defendant" by Certified Mail, return requested.
10. After you file this 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 "Order of Court Appointing Child Custody Mediator" [page 7], the documents will come back to the Court Administrator's office and a Mediator will be assigned to your case.
11. You, the "Defendant", and the assigned Mediator will receive copies of the signed "Order of Court Appointing Child Custody Mediator". The Mediator will contact you sometime after that to set up your mediation appointment.
12. If you think you cannot afford the filing fee, fill out the In Forma Pauperis forms [pages 18-24]. 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.

COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

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

COMPLAINT FOR CUSTODY

1. The Plaintiff, _____, residing at

_____ (street) _____ (city) _____ (zip code)
 _____.

(county) _____ (state)
 Home phone: (____) _____, work phone: (____) _____.
 (I have no telephone, but messages can be given to me by calling) (____) _____, who is my
 _____ at _____.)

2. The Defendant, _____, residing at

_____ (street) _____ (city) _____ (zip code)
 _____.

Defendant's phone number at
 (county) _____ (state)
 home is (____) _____, and at work is (____) _____. (Defendant has no telephone, but telephone
 messages can be given to Defendant by calling: (____) _____, who is Defendant's _____ at
 _____.)

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

<u>Child's Initials</u>	<u>Present Residence</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

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

7. The mother of the child(ren) is _____ currently residing at _____.
She is: Single Married Divorced.

8. The father of the child(ren) is _____ currently residing at _____.
He is: Single Married Divorced.

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

10. The Plaintiff currently resides with the following persons:

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

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

12. The Defendant currently resides with the following persons:

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

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

14. Plaintiff has / does not have information of a custody proceeding concerning the child(ren) pending in a court of this Commonwealth or any other state.

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

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

_____.

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

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

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

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

(b) If the plaintiff is a grandparent or great-grandparent who is seeking partial physical custody or supervised custody or supervised physical custody pursuant to 23 Pa.C.S. §5323, you must plead facts establishing

standing pursuant to 23 Pa.C.S § 5325. _____
_____.

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

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

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

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

Date

Plaintiff, Self-Represented

Telephone No.

COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

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

ORDER OF COURT APPOINTING CHILD CUSTODY MEDIATOR

You, _____, have been sued in court to obtain modify custody of the following child(ren) (*only list child's initials*) _____, _____, _____, _____, _____.

You are ordered to appear in person at such a time and place as will be determined by Child Custody Mediator, _____, Esquire, 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 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	:	
	:	
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. § 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"/>	_____	_____
<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. Ch. 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 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"/>	_____
<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"/>	_____	_____
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<input type="checkbox"/>	18 PA.C.S. § 2709.1 (relating to stalking).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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| <input type="checkbox"/> | 18 PA.C.S. § 4302 (relating to incest). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

- | | | | | | |
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| <input type="checkbox"/> | 18 PA.C.S. § 4305 (relating to dealing in infant children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
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| <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"/>	_____
<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

COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

Plaintiff :
VS. : 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: _____

Petitioner/Plaintiff, Self-Represented

COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

Plaintiff
VS. _____ FD. _____

Defendant

AFFIDAVIT IN SUPPORT OF PETITION TO PROCEED INFORMA 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.

If you are presently **employed**, state:

Employer: _____

Address: _____

Salary or wages per month: _____

Type of work: _____

If you are presently **unemployed**, state:

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

(c) Other income within the past twelve months:

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and Annuities: _____

Social Security benefits: _____

Support Payments: _____

Disability payments: _____

Unemployment compensation and supplemental benefits: _____

Workman's Compensation: _____

Public Assistance: _____

Other: _____

(d) Other contributions to household support:

Wife Husband Name: _____

If your Wife Husband is employed, state:

Employer: _____

Salary or wages per month: _____

Type of work: _____

Contributions from children: _____

Contributions from parents: _____

Other contributions: _____

(e) Property owned:

Cash: _____

Checking account: _____

Savings account: _____

Certificates of Deposit: _____

Real Estate (including home): _____

Motor Vehicle: Make _____ Year _____

 Cost: \$ _____ Amount Owed: \$ _____

Stock/Bonds: _____

Other: _____

(f) Debts and obligations:

Mortgage: _____

Rent: _____

Loans: _____

Other: _____

(g) Persons dependent upon you for support:

Wife Husband Name: _____

Children, if any:

Initials: _____ Age: _____

Age: _____

Age: _____

Age: _____

Other persons: _____

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, Self Represented

COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

_____ :
 Plaintiff :
 VS. : 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/her financial circumstances that would permit him/her to pay the cost incurred in this action and shall be responsible for doing so upon an improvement of his/her financial condition.

BY THE COURT:

J.

COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

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

ORDER

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

1. The Plaintiff is allowed to proceed without payment of court costs reserving to the Court the right to impose costs at a later time.
2. The Prothonotary is ORDERED and DIRECTED to deliver a true and correct copy of this Order and any Complaint or Petition filed at the time this Order was entered and any required notice, with appropriate numbers of copies, to the Sheriff of Crawford County for service upon the Defendant.
3. The Plaintiff is ORDERED and DIRECTED to immediately go to the Sheriff’s Office to give the Sheriff written instructions on when and where the Defendant may be served.
4. The Sheriff of Crawford County is ORDERED and DIRECTED to serve a true and correct copy of the Complaint of Petition and Order to the Defendant and make an appropriate return of service as required by the law. The Sheriff shall indicate the cost of service which said cost shall be paid by Crawford County and which said cost may be taxed as record costs and imposed as costs by the Court.

BY THE COURT:

J.