

FORMS FOR MODIFYING A CUSTODY ORDER

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 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 entered 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 and/or 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 or parties;
- 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, 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. 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 "FD" line is for the case number, which was assigned when the original complaint was filed.
4. Because 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" [pages 4-5], and one copy of the "Criminal Record / Abuse History Verification" [pages 7-12]. You can fill out the caption and the Respondent's and child(ren)'s names on the (proposed) "Custody Conference Order of Court" [page 6]. Do not sign or date the (proposed) Custody Conference Order.
6. When you file these forms, you will have to pay a conference fee at the Prothonotary's Office unless you and the Respondent have agreed to a new consent order, and conferencing therefore is unnecessary.

If you feel you cannot afford the conference fee, you can fill out the "*In Forma Pauperis*" paperwork [pages 19-24] to request that the County pay the fee for you. 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.

7. After you file the forms, you will have to serve the Respondent with the Petition, proposed 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 Rule 440 of the Pennsylvania Rules of Civil Procedure; 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 the Respondent's attorney agreed, or if the Respondent or the Respondent's 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 conference will be scheduled after you file the petition. You and the Respondent will receive notice of the conference 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 handling 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

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.

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.

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.

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

Plaintiff :
v. : FD 20 ____ - ____

Defendant :

PETITION FOR MODIFICATION OF A CUSTODY ORDER

1. The Petitioner is _____, residing at _____

(street) (city) (zip code)
_____. (county and state)

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

2. The Respondent is _____, residing at _____

(street) (city) (zip code)
_____. (county and state)

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

3. Petitioner respectfully represents that on _____, 20 _____, an Order of Court was entered for the following: 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: _____

(attach additional sheet if needed)

5. Petitioner has attached the Criminal Record / Abuse History Verification form required pursuant to Pa.R.Civ.P. 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).

(date)

Petitioner

VERIFICATION and CERTIFICATION

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.

I also 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.

Petitioner

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 any member of your household at the initial in-person contact with the court (including, but not limited to, the custody conference) or within 30 days of service of the initiating pleading, whichever occurs first.

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.Civ.P. 1915.7 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 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: _____

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

	:		
Plaintiff	:		
	:		
v.	:	FD 20_____ - _____	
	:		
	:		
Defendant :			

- CONFIDENTIAL CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**
- REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY THE COURT**

1. Participants.

Please list ALL members in your/the participant's household and attach sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>	<i>Address</i>	<i>Relationship to Child(ren)</i>

Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 pa.c.s. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

Please list ALL members in the opposing party's household and attach sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>	<i>Address</i>	<i>Relationship to Child(ren)</i>

Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 pa.c.s. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

SUBJECT CHILDREN—Attach additional sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>

2. *Criminal Offenses.* As to the following listed Pennsylvania crimes or offenses, or another jurisdiction’s substantially equivalent crimes or offense, check the box next to any applicable crime or offense in which you or a household member:

- has pleaded guilty or no contest;
- has been convicted;
- has charges pending; or
- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301–6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or a court has entered an order for limited access, *e.g.*, Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

“Other” means household member other than yourself.

“Date” means the date of conviction, guilty plea, no contest plea, or pending charges.

<i>Check all 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"/>	_____	_____
<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"/>	_____	_____

Check all that apply

	<i>Self</i>	<i>Other</i>	<i>Date</i>	<i>Sentence</i>
<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 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 death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<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"/>	_____	_____

Check all that apply

Self Other

Date

Sentence

- | | | | | |
|---|--------------------------|--------------------------|-------|-------|
| <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
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"/> Finding of contempt of a
Protection from Abuse order or
agreement under 23 Pa.C.S. § 6114 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> Finding of contempt of Victims
of Sexual Violence and
Intimidation order or agreement
under 42 Pa.C.S. § 62A14 | <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"/> | _____ | _____ |

3. *Abuse or Agency Involvement*: Check the box next to any statement that applies to you, a household member, or your child.

	<i>Self</i>	<i>Household member</i>	<i>Child</i>
<input type="checkbox"/> Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What jurisdiction?: _____			
<input type="checkbox"/> A determination or finding of abuse (<i>i.e.</i> , indicated or founded report) by a children and youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What jurisdiction?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> An adjudication of dependency involving this child or any other child under Pennsylvania’s Juvenile Act, or a similar law in another jurisdiction.			
What jurisdiction?: _____			
Is the case active?: _____			
<input type="checkbox"/> A history of perpetrating “abuse” as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A history of perpetuating “sexual violence” or “intimidation” as those terms are defined in 42 Pa.C.S. § 62A03 (relating to protection of victims of sexual violence and intimidation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you checked a box in (2) or (3), list any evaluation, counseling, or other treatment received as a result: _____

5. If you checked a box in (2) or (3) that applies to your household member, who is not a party, state that person’s name, date of birth, and relationship to the child:

6. If you are aware that the other party or the other party's household member has a criminal record or abuse history, please explain (including the county and state in which the conviction occurred):

ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.

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.

I also 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.

Date

Plaintiff/Defendant Signature

Printed Name

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

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

- CONFIDENTIAL RIMINAL RECORD / ABUSE HISTORY VERIFICATION**
- REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY THE COURT**

1. Participants.

Please list ALL members in your/the participant’s household and attach sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>	<i>Address</i>	<i>Relationship to Child(ren)</i>

Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 pa.c.s. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

Please list ALL members in the opposing party’s household and attach sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>	<i>Address</i>	<i>Relationship to Child(ren)</i>

Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 pa.c.s. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

SUBJECT CHILDREN—Attach additional sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>

2. *Criminal Offenses.* As to the following listed Pennsylvania crimes or offenses, or another jurisdiction’s substantially equivalent crimes or offense, check the box next to any applicable crime or offense in which you or a household member:

- has pleaded guilty or no contest;
- has been convicted;
- has charges pending; or
- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301–6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or a court has entered an order for limited access, *e.g.*, Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

“Other” means household member other than yourself.

“Date” means the date of conviction, guilty plea, no contest plea, or pending charges.

<i>Check all 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"/>	_____	_____
<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"/>	_____	_____

Check all that apply

	<i>Self</i>	<i>Other</i>	<i>Date</i>	<i>Sentence</i>
<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 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 death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<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"/>	_____	_____

Check all that apply

Self Other

Date

Sentence

- | | | | | |
|---|--------------------------|--------------------------|-------|-------|
| <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
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"/> Finding of contempt of a
Protection from Abuse order or
agreement under 23 Pa.C.S. § 6114 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> Finding of contempt of Victims
of Sexual Violence and
Intimidation order or agreement
under 42 Pa.C.S. § 62A14 | <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"/> | _____ | _____ |

3. *Abuse or Agency Involvement*: Check the box next to any statement that applies to you, a household member, or your child.

	<i>Self</i>	<i>Household member</i>	<i>Child</i>
<input type="checkbox"/> Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What jurisdiction?: _____			
<input type="checkbox"/> A determination or finding of abuse (<i>i.e.</i> , indicated or founded report) by a children and youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What jurisdiction?: _____			
<input type="checkbox"/> An adjudication of dependency involving this child or any other child under Pennsylvania’s Juvenile Act, or a similar law in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What jurisdiction?: _____			
Is the case active?: _____			
<input type="checkbox"/> A history of perpetrating “abuse” as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A history of perpetuating “sexual violence” or “intimidation” as those terms are defined in 42 Pa.C.S. § 62A03 (relating to protection of victims of sexual violence and intimidation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you checked a box in (2) or (3), list any evaluation, counseling, or other treatment received as a result: _____

5. If you checked a box in (2) or (3) that applies to your household member, who is not a party, state that person’s name, date of birth, and relationship to the child:

6. If you are aware that the other party or the other party's household member has a criminal record or abuse history, please explain (including the county and state in which the conviction occurred):

ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.

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.

I also 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.

Date

Plaintiff/Defendant Signature

Printed Name

IN FORMA PAUPERIS FORMS

Note: Fill out these forms [pages 20-24] ONLY if you feel that you cannot pay the conference fee.

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.

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.

7. I also 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.

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. I also 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.

Date: _____

 Plaintiff Defendant Intervenor

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

Plaintiff :
v. : FD 20 ____ - _____

Defendant :

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.