

FORMS TO INTERVENE IN CUSTODY

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 when you are seeking some form of custody of one or more children and there is already a custody action for those children. This packet is not for establishing or modifying custody.

You may be permitted to intervene in an existing custody case if:

1. You are a biological parent of the child(ren) and you were not included in the existing custody action;
2. You are a biological grandparent of the child(ren) and you were not included in the existing custody action;
3. You stand *in loco parentis* to the child(ren) who is/are the subject of the existing custody action. To stand *in loco parentis* to the child(ren), you must have put yourself in the situation of a lawful parent by assuming the obligations of the parental relationship without going through the formality of a legal adoption. Normally, standing to proceed *in loco parentis* in a custody action will be found where the child(ren) has/have established strong psychological bonds with the petitioner who, although not a biological parent, has lived with the child(ren) and provided care, nurture and affection; or
4. You have received an "Order and Notice" pursuant to Pa.R.Civ.P. 1915.16, indicating you may have the right to intervene in the existing custody action.

To complete this packet, you will need:

- Your contact information;
- The qualifying relationship that allows you to intervene in custody;
- The type of custody you are seeking; 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 or offenses on the form:
 - The type of crime or offense,
 - 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 ability, 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. You are the “Petitioner.” Check the original complaint to find out who the “Plaintiff” and “Defendant” would be. 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. The “FD” line is for the case number, which was assigned when the original complaint was filed.
4. Fill out the “Petition to Intervene in Custody Action” [pages 3-4] and the “Criminal Record / Abuse History Verification” [pages 6-10]. When filling out the petition, 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.
5. Take the completed Petition, Verification, Order [page 5] and at least 3 (three) photocopies of the forms to the Prothonotary’s Office. File the originals. Keep one copy for your records and serve the other photocopies on the Plaintiff and Defendant separately, as directed by Pennsylvania Rule of Civil Procedure 440. If there are other parties already part of the custody action in addition to the Plaintiff and Defendant, you must also make a photocopy and serve that on any such other party or parties as directed by Rule 440. Generally,
 - If the party 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 agreed in this case to receive service that way.
 - If the party does not have an attorney and you know their current addresses, you should mail by regular first class mail, hand deliver or leave a copy of the documents at the party’s home.
 - If the party does not have an attorney and you do not know their current address, you should mail by regular first class mail or leave a copy of the documents at the address that the party put on their most recent filing in this case, or hand deliver the documents if you can locate the party somewhere else.
 - You can serve the documents by fax if the party or their attorney agreed, or if the party or their 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.

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

Plaintiff :
v. : FD 20 ____ - ____

Defendant :

PETITION TO INTERVENE IN CUSTODY ACTION

AND NOW, this _____ day of _____, 20____,

the undersigned petition(s) to intervene in this custody action and in support thereof aver(s) the following:

1. Petitioner(s) is/are _____

(Name(s) of Petitioner(s))

residing at _____
(Street Address) (City) (Zip code)

which is in _____ County, _____;
(County) (State)

telephone number(s) _____.

2. Petitioner(s) should be permitted to intervene in this custody action because (*check the appropriate block below*):

I/we stand *in loco parentis* to the child(ren) who is/are the subject of this current custody

proceeding for the following reason(s): _____

_____.

(Briefly explain why you have in loco parentis status with the child(ren).)

I am a biological parent of the minor child who is the subject of this current custody proceeding.

I/we am/are biological grandparent(s) of the minor child(ren) who is/are the subject of this current custody proceeding.

3. The best interest of the child(ren) will be served by the Court allowing the Petitioner(s) to intervene.

WHEREFORE, Petitioner(s) request(s) that this Court allow Petitioner(s) to intervene in this action

for the purpose of seeking (*check all that apply*) shared legal custody
 sole legal custody
 partial physical custody
 primary physical custody
 shared physical custody
 sole physical custody
 supervised physical custody.

Petitioner

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 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

Petitioner

IN THE COURT OF COMMON PLEAS OF CRAWFORD COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

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

SCHEDULING ORDER

AND NOW, _____, 20____, upon consideration of the aforesaid "Petition to Intervene in Custody Action," a hearing is scheduled for _____, 20____, at _____ . m., in Courtroom # _____ of the Crawford County Judicial Center, Meadville, Pennsylvania for the purpose of determining whether the Petitioner(s) may intervene in this custody action.

The Petitioner(s) shall, consistent with Pa. R.Civ.P. 440, serve a copy of Petitioner's "Petition to Intervene in Custody Action," "Criminal Record / Abuse History Verification," and this Order upon any unrepresented party and upon any represented party's counsel of record.

FOR THE COURT,

 Court Administrator

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

	Self	Other	Date	Sentence
<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"/>	_____	_____

For each criminal offense box you checked, give the county and state where the conviction occurred:

	Offense (brief description)	County where convicted	State
1.			
2.			
3.			
4.			
5.			

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

Intervenor Signature

Printed Name