

**CUSTODY/VISITATION PACKET**  
**FOR UNREPRESENTED PARTIES**

**PETITION TO INTERVENE IN AND MODIFY CUSTODY**

**Required Forms:**

*(One of each of the following)*

- **Family Court Cover Sheet** (required on all filings)
- **Order of Court**
- **Notice and Order to Attend Mediation Orientation**
- **Notice and Order to Attend Parenting Program**
- **Parenting Program Registration Form**
- **Entry of Appearance as a Self-Represented Party**
- **Affidavit of Criminal Record/Abuse History**
- **Petition to Intervene in and Modify Custody** form (if there is an existing custody order, a copy must be attached to the Petition)
- **Certificate of Service** (filed after the above paperwork is served on all parties)

## **Custody/Visitation Filing Instructions for Unrepresented Parties**

Follow these directions if you are filing any complaint or petition for custody. The required forms that you will need for this process are attached.

The following steps apply to the filing party only:

- Step #1: **Pick up and Complete Paperwork at Court Administration.** Go to Family Court in Court Administration, 2<sup>nd</sup> Floor, Courthouse. You will need the correct address of the other parties. If there is an existing case for custody, you will also need the case number and a copy of the current custody order.
- Step #2: **Court Staff will assign a Mediator to the case and an attendance date for the Parenting Program.** A court staff member must assign a Mediator and a seminar attendance date to your case before the paperwork is filed in the Prothonotary's Office.
- Step #3: **File Original Documents in Prothonotary's Office.** All documents, including the Family Court Cover Sheet, Order of Court, Notice and Order to Attend Mediation Orientation, Notice and Order to Attend the Parenting program, Entry of Appearance, and Affidavit of Criminal History must be filed in the Prothonotary's Office, 1<sup>st</sup> Floor, Courthouse. Unless you qualify to proceed without payment (IFP), there are fees for custody filings. There is a minimal charge for making copies of the original, filed documents.
- Step #4: **\*\*IMPORTANT\*\* The filing party must SERVE a copy of the completed paperwork, including all documents, and a blank Affidavit of Criminal Offenses AND THIS INSTRUCTION SHEET, upon the opposing party.** You may do this by regular mail, certified mail or in person.
- Step #5: **The filing party must complete and file the attached CERTIFICATE OF SERVICE.** Make sure that you include the names of the documents served, the date served, the name and address of the person(s) served, and the method of service. The completed Certificate of Service must be mailed or brought to the Prothonotary and filed on the docket as proof that the Respondent(s) has (have) been notified of the filing.

The following is how the Custody process works (applies to all parties):

Step #1: **CUSTODY MEDIATION ORIENTATION.** All parties are required to contact the Mediator assigned by the Court within 7 days of filing the Petition or Complaint. The Mediation Orientation session must be conducted within 20 days of the date of filing. Details regarding Mediation Orientation, including the cost of the session, are outlined in the Order of Court. Counsel are not permitted to attend. Mediators must hold a post-graduate degree in law, or a mental health field such as psychiatry, psychology, counseling or family therapy. ***If you fail to attend the Mediation Orientation session, the Court may impose sanctions.***

**If your case is SETTLED OR RESOLVED prior to your scheduled Custody Conciliation Conference, an original agreement signed by all parties may be submitted to the Custody Conciliation Office.**

A sample Custody Agreement is available on the Court's website at <http://www.courts.montcopa.org>. If the agreement is approved and signed by the Master or Judge prior to your Conciliation date, parties will be excused from attending the Conference, and the agreement will be entered on the docket as an Agreed Order of the Court. Unless you are specifically excused you must attend the Conciliation Conference.

Step #2: **PARENTING PROGRAM.** Parties are required to attend an approved education seminar on the general responsibilities of separated/divorced parents or guardians. Course dates and the cost of this program are outlined in the Notice which is part of your packet. ***If you fail to attend this seminar, the Court may impose sanctions.***

Step #3: **CUSTODY CONCILIATION CONFERENCE.** All parties and counsel will receive notice in the mail from the Court when the Custody Conciliation Conference is scheduled. The Custody Conciliator is an attorney appointed by the Court for the purpose of attempting to resolve the dispute prior to the need for judicial involvement. There is no "record" or transcript of the conference. Counsel and parties must attend. Children are NOT to attend the initial conference. If deemed necessary, a separate interview will be scheduled with the child(ren).

If your case is resolved at the Conciliation level, an Agreed Order will be submitted to the Court for a Judge to sign, and no further court appearance is required. Cases that are not resolved by the Conciliator are "forwarded to Court" for scheduling before a Judge.

Step #4: **SHORT LIST HEARING before a Judge.** All parties and counsel will receive notice in the mail from the Court when the Short List Hearing/Conference is scheduled before the Judge. If the matter is not resolved at the short list hearing/conference – the matter will be scheduled for a "protracted" or full hearing before the Judge.

Child care is available by calling Court Care (610-292-4956) at least 2 days prior to your scheduled date.

**FAMILY COURT COVER SHEET**

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NO: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Plaintiff ID: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Plaintiff Phone Number & Email Address

VS.

\_\_\_\_\_  
Plaintiff Phone Number & Email Address (REQUIRED)

\_\_\_\_\_  
Attorney for Defendant ID: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Defendant Phone Number & Email Address

\_\_\_\_\_  
Defendant Phone Number & Email Address (REQUIRED)

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**AVERMENT OF CONSOLIDATION**

On the space below, please provide the docket number of all other companion cases associated with this case (including any closed files involving the same party-litigants) that related to:

- |  |                         |
|--|-------------------------|
| 1. Divorce Annulment _____                                       | 2. Support _____        |
| 3. Equitable Distribution _____                                  | 4. Paternity _____      |
| 5. Custody/Visitation _____                                      | 6. Special Relief _____ |
| 7. Outstanding/Temporary/Final Protection from Abuse Order _____ |                         |
- 

I certify that the information provided above is comprehensive and complete to the best of my knowledge and that I have formally entered my appearance for the case captioned above:

BY: \_\_\_\_\_

**Check the box if this is a Custody matter involving RELOCATION.**

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
CIVIL ACTION – LAW

: NO.  
v. :  
:

**ORDER OF COURT**

A complaint has been filed in the Court of Common Pleas of Montgomery County concerning (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the minor child(ren) named in the attached Complaint/Petition.

The Court has learned you may have a legal interest in custody of the child(ren) named. If you wish to assert your claim to custodial rights, you may file a counterclaim.

A **Custody Conciliation Conference** will be scheduled by the Court. If you fail to appear as provided by the scheduling order that will be mailed to you in the future, an order for custody may be entered against you or the Court may issue a warrant for your arrest.

You are also Ordered to attend both **Mediation Orientation** and the **Parenting Program**, as described in the Orders attached to this notice, **prior** to the Custody Conciliation Conference. **Failure to attend either program may result in sanctions to be imposed by the Court.**

You must file with the court a verification regarding any criminal record or abuse history regarding you and anyone living in your household on or before your initial court date, but no later than 30 days after service of the complaint or petition.

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.C.P. No. 1915.17 regarding relocation.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR 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.**

**LAWYER REFERENCE SERVICE  
MONTGOMERY BAR ASSOCIATION  
100 WEST AIRY STREET, NORRISTOWN, PA 19401  
610-279-9660, EXT. 201**

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Montgomery 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 with the Court, please contact 610-278-3224. Arrangements must be made at least 72 hours prior to any hearing/business with the Court.  
7/2019

**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
CIVIL ACTION – LAW**

:           **NO.**  
v.           :  
              :

**NOTICE AND ORDER TO ATTEND MEDIATION ORIENTATION**

In order to promote resolution of custody and/or visitation disputes, this Court has instituted a mandatory mediation program. All parties in a custody action are required to meet together with a trained mediator for a mediation orientation session. Please note, however, that the orientation session is NOT required if a party or a party's child is or has been the subject of abuse either during the pendency of this action or within 24 months preceding the filing of this action.

You are directed to attend a mediation orientation session with the following mediator:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

The parties may, however, agree to the selection of a different mediator than the mediator listed above. A list of qualified mediators is available in the Court Administration Office and on the Court's website at [www.courts.montcopa.org](http://www.courts.montcopa.org). If the parties are unable to agree on the selection of a different mediator, then you shall attend mediation orientation with the mediator assigned above.

You are directed to contact the mediator assigned above, or other mediator selected by agreement of the parties, within seven (7) days of the date of this Order for the purpose of scheduling a mediation orientation appointment. You are directed to participate in the mediation orientation session within twenty (20) days of the date of this Order.

**Failure to schedule and/or attend this session may result in  
the imposition of sanctions by the Court.**

The cost to the parties will be \$200.00 for the mediation orientation session to be paid \$100.00 by each party, payable directly to the chosen or assigned mediator.

BY THE COURT:

Date: \_\_\_\_\_

\_\_\_\_\_  
Ct. Admin.

05/15

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
CIVIL ACTION – LAW

v. : NO.  
: :  
: :

**ORDER TO ATTEND “THE CHILDREN COME FIRST” PROGRAM**

Pursuant to Montgomery County Local Rule 1915.3, in an action for custody, partial custody or visitation, parties must attend an approved educational seminar on the general responsibilities of parents or guardians. Please note, however, that seminar attendance is NOT required in connection with any petition to modify custody where the parties have already attended the seminar within the past two (2) years. Further note that seminar attendance is required of all parties, regardless of current or previous marital status, or relationship.

**The Children Come First** program is a **1 ½ hour workshop** in which instructors and participants will explore the potential social, emotional, and psychological implications on children during the divorce or separation process. *This seminar is for adults only; no childcare is available and children are not permitted to attend.*

You are directed to attend **The Children Come First** program on the following, *suggested* date:

Date:

\_\_\_\_\_  
(NOTE – if you are unable to attend on the above date, please access the montcoparentingseminar.com website to select another date)

Location:

**Hyatt Place - King of Prussia  
440 American Ave.  
King of Prussia, PA 19406**

**Pre-Registration for the Program is required.** The cost to each party is **\$60.00** for the Program. You are directed to immediately pre-register and remit payment by:

1. ***PREFERRED METHOD*** - Registering online and submitting payment by credit card or PayPal at montcoparentingseminar.com

**OR IF YOU CAN'T ACCESS THE INTERNET:**

2. Completing the attached Registration Form and mailing with check or money order payable to **Marty Matika, at 1003 W. 9<sup>th</sup> Ave, Suite B, King of Prussia, PA 19406.**

Please select your time preference on the Registration Form. The Registration Form is also available on the website montcoparentingseminar.com. If you fail to complete and send the attached Registration Form, you will not be able to attend the Program. **Failure to attend this Program may result in the imposition of Sanctions by the Court.**

BY THE COURT:

Date: \_\_\_\_\_

\_\_\_\_\_  
Court Administrator

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA

**“THE CHILDREN COME FIRST” PROGRAM**

**Pre-Registration for the Program is required. To Register:**

1. Register online and submit payment by credit card or PayPal at **montcoparentingseminar.com**.

**OR IF YOU CAN'T ACCESS THE INTERNET**

2. Complete the form below and enclose **\$60.00** by check or money order, payable to **Marty Matika** (do not send cash); Mail check and completed registration form to: **Marty Matika, 1003 W. 9<sup>th</sup> Ave, Suite B, King of Prussia, PA 19406.**

*\*A refund will be given only if notice of cancellation is received 7 days prior to the scheduled date. If you are receiving Legal Aid, the fee will be waived if you submit written proof of Legal Aid with this registration.*

**\*PLEASE NOTE\*** IF YOU HAVE A PROBLEM WITH THE ASSIGNED DATE, PLEASE ACCESS **montcoparentingseminar.com** WEBSITE TO SEE A CALENDAR OF OTHER AVAILABLE DATES. *If you need to select another date, you may change the date listed on your Registration form. If there is an immediate scheduling problem (other than needing to pick another date) please email us at **thechildrencomefirstseminar@gmail.com**. Confirmation of your registration will be sent to you by e-mail only.*

**DO NOT appear at the Program unless you receive a confirmation.**

**Program Location:** Hyatt Place - King of Prussia  
440 American Ave.  
King of Prussia, PA 19406

PLEASE COMPLETE **ALL LINES** ON THE REGISTRATION FORM BELOW

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**REGISTRATION FORM**

Date Assigned: \_\_\_\_\_

Custody Case # \_\_\_\_\_ **(REQUIRED for filing of Certificate of Attendance)**

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

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

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Time Preference:  3:00 PM or  5:00 PM

I prefer not to attend with the opposing party. If \_\_\_\_\_  
(name)

has registered for the above program, please schedule me for a different one.

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA

\_\_\_\_\_ :  
 \_\_\_\_\_ : NO. \_\_\_\_\_  
 VS. :  
 \_\_\_\_\_ :  
 \_\_\_\_\_ :  
 INTERVENOR :  
 \_\_\_\_\_ :

PETITION TO INTERVENE AND MODIFY CUSTODY

1. The **plaintiff** is \_\_\_\_\_  
residing at \_\_\_\_\_

2. The **defendant** is \_\_\_\_\_  
residing at \_\_\_\_\_

3. The **intervenor** is \_\_\_\_\_  
residing at \_\_\_\_\_

4. **Intervenor** seeks (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the following child(ren):

Name of Child	Date of Birth	Present Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child(ren) was/were (not) born out of wedlock.

The child(ren) is/are presently in the custody of \_\_\_\_\_  
who resides at \_\_\_\_\_

During the past five years, the child(ren) has/have resided with the following persons and at the following addresses:

(List all persons)

(List all addresses)

(Dates)

_____	_____	_____
_____	_____	_____
_____	_____	_____

The **mother** of the child(ren) is \_\_\_\_\_

currently residing at \_\_\_\_\_

She is (married) (divorced) (single)

The **father** of the child(ren) is \_\_\_\_\_

currently residing at \_\_\_\_\_

He is (married) (divorced) (single)

5. The relationship of the **intervenor** to the child(ren) is that of \_\_\_\_\_

The intervenor currently resides with the following people:

Name	Relationship
_____	_____
_____	_____
_____	_____



7. Each parent whose parental rights to the child(ren) have not been terminated and the person who has physical custody of the child(ren) have been named as parties to this action. All other people, named below, who are known to have or claim a right to custody of the child(ren) have been given notice of the pendency of this action and the right to intervene:

Name	Address	Basis of Claim
_____	_____	_____
_____	_____	_____

8. (a) If the petitioner 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 petitioner is a grandparent or great-grandparent who is seeking partial physical custody or supervised physical custody pursuant to 23 Pa.C.S. §5325, you must plead facts establishing standing pursuant to §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 stands in loco parentis to the child, you must plead facts establishing standing.

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

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

WHEREFORE, the Plaintiff respectfully requests that this Honorable Court grant (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).

Respectfully submitted

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
\_\_\_\_\_  
(print your address)

I verify that the statements made in this Complaint are true and correct as to my personal knowledge, information and 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

: IN THE COURT OF COMMON PLEAS  
: MONTGOMERY COUNTY, PENNSYLVANIA

\_\_\_\_\_  
Plaintiff

vs.

: NO. \_\_\_\_\_

\_\_\_\_\_  
Defendant

:  
: CIVIL ACTION - CUSTODY

**AFFIDAVIT PURSUANT TO 23 Pa.C.S.A. §5328 and §5329**

**CRIMINAL RECORD/ ABUSE HISTORY VERIFICATION**

I \_\_\_\_\_, hereby swear or affirm that, subject to penalties of law including 18 Pa.C.S. §4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. §6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

Please state whether or not you and/or **another adult living in your household** have been convicted of, pled guilty or no contest to the following crimes in Pennsylvania or any other jurisdiction, as follows:

NO	YES	Crime	Self	Other Household Member	Date Of Conviction & Plea	Sentence
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. Ch. 25 Criminal homicide; Murder;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2702 Aggravated Assault;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2706 Terroristic Threats	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2709.1 Stalking;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2901 Kidnapping;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2902 Unlawful restraint;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2903 False imprisonment;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2910 Luring child into motor vehicle or structure;	<input type="checkbox"/>	<input type="checkbox"/> Name:		

NO	YES	Crime	Self	Other Household Member	Date Of Conviction & Plea	Sentence
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3122.1 Statutory sexual assault	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3123 Involuntary deviate sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3124.1 Sexual assault	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3125 Aggravated indecent assault	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3126 Indecent assault	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3127 Indecent Exposure	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3129 Sexual intercourse with animal	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3130 Conduct relating to sex offenders	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3301 Arson and related offenses;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4302 Incest	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4303 Concealing death of a child;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4304 Endangering the welfare of children;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4305 Dealing in infant children;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §5902(b) Prostitution and related offenses;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §5903(c)(d) Obscene and other sexual materials and performances;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6301 Corruption of minors	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6318 Unlawful contact with minor	<input type="checkbox"/>	<input type="checkbox"/> Name:		

NO	YES	Crime	Self	Other Household Member	Date Of Conviction & Plea	Sentence
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6320 Sexual exploitation of children	<input type="checkbox"/>	<input type="checkbox"/> Name: _____		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6114 Contempt for violation of a Protection from Abuse order or agreement;	<input type="checkbox"/>	<input type="checkbox"/> Name: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Driving under the Influence of alcohol or a controlled substance or drugs;	<input type="checkbox"/>	<input type="checkbox"/> Name: _____		
<input type="checkbox"/>	<input type="checkbox"/>	Possession, sale, delivery, manufacturing or offering for sale any controlled substance or other drug or device;	<input type="checkbox"/>	<input type="checkbox"/> Name: _____		

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 including the following:

NO	YES		Self	Adult in my Household	Date Of Finding	If YES, Where?
<input type="checkbox"/>	<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"/> Name: _____	_____	
<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"/> Name: _____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	Involvement with a Children & Youth Agency or similar agency in Pennsylvania in or another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/> Name: _____	_____	

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

**CRIMINAL CHARGE INFORMATION FOR INDIVIDUALS INVOLVED IN CHILD CUSTODY CASES CAN BE FOUND BY ACCESSING THE JEN & DAVE PROGRAM AT [WWW.JENDAVEPROGRAM.US](http://WWW.JENDAVEPROGRAM.US)**

PLAINTIFF

IN THE COURT OF COMMON PLEAS  
MONTGOMERY COUNTY, PENNSYLVANIA

vs.

NO. \_\_\_\_\_

DEFENDANT

**ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY**

- 1. I am the  Plaintiff  Defendant in the above-captioned case and,
- 2.  I intend to represent myself in the abovementioned case.

3. Check only one box below:

- This is a new case and I am representing myself. I have decided not to hire an attorney to represent me.
- OR
- This is **not** a new case and I am representing myself. I have decided **not** to hire an attorney to represent me.
- OR
- This is **not** a new case and \_\_\_\_\_, Esq. previously

(Name of Attorney)

represented me in this case. However, I have decided not to be represented by that attorney and hereby direct the Prothonotary to remove that attorney as counsel of record in this case. I will provide a copy of this form to the attorney listed above at the following address:

\_\_\_\_\_

The attorney shall acknowledge his/her withdrawal from this case by his/her signature below:

Attorney Signature \_\_\_\_\_, Esq.

- 4.  By my signature below, I enter my appearance as a self-represented party:

Your Signature \_\_\_\_\_

- 5. I understand that I must provide a street address or P.O. Box for the purpose of receiving all future pleadings and other legal notices. I further understand that this does not need to be my home address. My address below for the purpose of receiving all future pleadings and other legal notices **[IS] [IS NOT]** my home address:

\_\_\_\_\_

I understand that this address will be the only location to which important documents are sent, and that I am fully responsible to regularly check my mail at such address to ensure that I do not miss important dates or proceedings.

I am not providing my address because it is **CONFIDENTIAL** address protected by the Protection from Abuse Act, 23 Pa. C.S. §6112 and/or the Address Confidentiality Program, 23 Pa. C.S. §6701-6713, and the Child Custody Act, 23 Pa. C.S. §5336(b).

- 6. My home telephone number is: \_\_\_\_\_ My email address is \_\_\_\_\_  
My cellular telephone number is: \_\_\_\_\_ My facsimile number is \_\_\_\_\_

I am not providing my telephone number or Email because it is **CONFIDENTIAL**, protected by the Protection from Abuse Act, 23 Pa. C.S. §6112 and/or the Child Custody Act, 23 Pa. C.S. §5336(c).

- 7.  I UNDERSTAND THAT I MUST FILE A NEW FORM EVERY TIME MY ADDRESS, HOME TELEPHONE NUMBER OR CELLULAR TELEPHONE NUMBER CHANGES – NO EXCEPTIONS!

- 8.  I have provided a copy of this form to all other attorneys or other self-represented parties at the following addresses as listed below: (attach additional page if you need more space)

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

- 9. I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature (Your Signature)

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA

FAMILY DIVISION

\_\_\_\_\_  
Plaintiff

v.

No.:

\_\_\_\_\_  
Defendant

FAMILY COURT CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_, 20\_\_\_, a true copy of the

foregoing \_\_\_\_\_ has been served upon:

Title of Filing

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Manner of Service:

Regular First Class Mail \_\_\_\_\_

Certified Mail \_\_\_\_\_

Email (address) \_\_\_\_\_@\_\_\_\_\_.

Other (specify) : \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

***IF PETITION WAS FILED AS AN EMERGENCY, PLEASE FAX COMPLETED FORM***

***TO: 610-292-2027***

***OTHERWISE, PLEASE MAIL THIS FORM TO THE FOLLOWING ADDRESS:***

***PROTHONOTARY  
P.O. BOX 311  
NORRISTOWN, PA 19404***