



**LYCOMING COUNTY
CUSTODY STIPULATION
SELF-HELP KIT
FORMS**

REMEMBER

The law often changes. Each case is different. This self-help kit is meant to give you general information and not give you specific legal advice.

CUSTODY STIPULATION

PART TWO: FORMS

**LYCOMING COUNTY COURT OF COMMON PLEAS
MOTION COVER SHEET**

_____ ,	:	Docket No: _____
Plaintiff	:	
vs.	:	Case Assigned to Judge _____
	:	[] None
	:	[] Family Court Hearing Officer
_____ ,	:	
Defendant	:	

- 1. Name of Filing Party: _____
- 2. Filing Party's Attorney: _____
- 3. Type of Filing: _____

<p>4. The following is/are requested:</p> <ul style="list-style-type: none"><input type="checkbox"/> Argument<input type="checkbox"/> Evidentiary Hearing<input type="checkbox"/> Court Conference<input type="checkbox"/> Rule to Show Cause<input type="checkbox"/> Entry of Uncontested Order (attach supporting documentation)<input type="checkbox"/> Expedited Consideration. State the basis: _____<input type="checkbox"/> Video conferencing requested. Request form has been submitted. See Lyc. Co. R.G.C.B. L8.<input type="checkbox"/> Attach this cover sheet to original motion previously filed on: _____ <p>5. Time Required: _____</p>	<p>6. Name and addresses of all counsel of record and unrepresented parties:</p> <p>_____ Continued on a Separate Sheet.</p>
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ORDER

- 1. An argument factual hearing court conference is scheduled for _____
at _____ o'clock _____ M., in courtroom No. _____, Lycoming County Courthouse, Williamsport, PA.
- 2. Briefs are to be filed by the following dates:
Filing Party _____
Responding party (ies) _____
- 3. A rule is issued upon Respondent to show cause why the Petitioner is not entitled to the relief requested.
- 4. A response to the Motion/Petition shall be filed within _____ days.
- 5. See order attached. See separate order issued this date.
- 6. Other: _____
- 7.

_____	_____
Judge	Date

c: ALL PARTIES OR OTHERS TO BE SERVED WITH NOTICE MUST BE DESIGNATED IN "6" ABOVE. NOTICE: The parties are directed to confer for the purpose of resolving any issue raised in the motion/petition. If a resolution is reached prior to the scheduled date, the moving party shall immediately notify the court scheduling technician, the judge or hearing officer assigned to hear the matter, and all counsel of record or parties if unrepresented. Such notice may be in writing or by email.

_____,
Plaintiff

vs.

_____,
Defendant

: IN THE COURT OF COMMON PLEAS OF
: LYCOMING COUNTY, PENNSYLVANIA
:
: CIVIL ACTION – LAW
: CUSTODY
: NO.
:

STIPULATED CUSTODY ORDER

1. **Plaintiff**, _____, is an adult
(name of Plaintiff)
individual who lives at _____,
(street)
_____, _____
(city) (state and zip code)
Plaintiff's phone number is _____.
(phone number)
Plaintiff's relationship to the children is _____.
(Mother, Father, Grandmother, etc.)

2. **Defendant**, _____, is an adult
(name of Defendant)
individual who lives at _____,
(street)
_____, _____
(city) (state and zip code)
Defendant's phone number is _____.
(phone number)
The Defendant's relationship to the children is _____.
(Mother, Father, Grandmother, etc.)

3. **Parents: Complete this section only if the Plaintiff and Defendant are not the parents.**

The Mother of the child(ren) is _____.
(Mother's name)
Mother lives at _____.
(Mother's address)

The Father of the child(ren) is _____,
(Father's name)
Father lives at _____.
(Father's address)

Plaintiff's Initials: _____ **Defendant's Initials:** _____

4. The Stipulation governs custody of the following child(ren):

Name(s)	Date(s) of Birth
_____	_____
_____	_____
_____	_____
_____	_____

5. (Check either A or B):

_____ A. Both parents are signing this Stipulation, as well as anyone else who has a current legal right to custody or partial custody of any of the child(ren).

_____ B. Both parents have not signed this Stipulation because:

_____ Parent is deceased

_____ Parent's identity is unknown

_____ Parent's whereabouts is unknown

If you can't find the other parent, explain what efforts you have made to find him/her:

6. Legal custody (decision-making authority) of the child(ren) shall be:

_____ A Shared by both parties.

_____ B With _____
(name or names)

Plaintiff's Initials: _____

Defendant's Initials: _____

7. The physical custody of the child(ren) shall be as follows:

(Be as specific as possible.)

Plaintiff's Schedule with Child(ren):

Defendant's Schedule with Child(ren):

8. _____ This a new custody case. There is no current Custody Order.

or

_____ There is an existing Custody Order dated _____.

A copy of that order is attached. This Stipulation replaces all prior custody orders in this case.

Plaintiff's Initials: _____

Defendant's Initials: _____

9. If you wish to relocate with the minor child, you must provide notice to every other individual who has custody rights to the child according to the following guidelines. Notice must be sent by certified mail, return receipt requested, and shall be given no later than sixty (60) days before the date of proposed move, or the tenth (10th) day after the date you have notice of relocation, if you did not know and could not reasonably have known of the relocation in sufficient time to comply with the sixty (60) day notice. The notice provided to every other individual who has custody right to the child must conform to 23 Pa. C.S.A §5537 and contain the following:

- (1) The address of the intended new residence.
- (2) The mailing address for the new residence.
- (3) Names and ages of all the individuals who intend to live in the new residence.
- (4) The home telephone number of the intended new residence, if available.
- (5) The name of the new school district and school.
- (6) The date of the proposed relocation.
- (7) The reasons for the proposed relocation.
- (8) A proposal for a revised custody schedule.
- (9) Any other relevant information.

You must send with the notice a blank counter-affidavit conforming to 23 Pa. C.S.A. §5537 (d)(1), which can be used to object to the proposed relocation and the modification of a Custody Order.

The notice must warn the non-relocating party that if the non-relocating does not fill out and file with the court the counter-affidavit to object to the proposed relocation within thirty (30)days after receipt of the notice, that the party shall be foreclosed from objecting to the proposed relocation and forever lose their right to stop the relocation.

10.

_____	_____
(Mother's signature)	(Date)
_____	_____
(Father's signature)	(Date)
_____	_____
(Other signature, if applicable)	(Date)

11. **AND NOW, this _____ day of _____, 20____, the Court enters**

this Stipulation of the parties as an Order of this Court.

BY THE COURT,

_____ **J.**

c: Petitioner (2) to provide a copy to the other party

CONFIDENTIAL
INFORMATION
FORM

APPELLATE/TRIAL COURT

CASE RECORDS



Additional page(s) attached. _____ total pages are attached to this filing.

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form.
Confidentiality of this information must be maintained.

THIS FORM IS CONFIDENTIAL

	:	IN THE COURT OF COMMON PLEAS OF
Plaintiff	:	LYCOMING COUNTY, PENNSYLVANIA
	:	
vs.	:	CIVIL ACTION – LAW
	:	CUSTODY
	:	
	:	NO.
Defendant	:	

**ORDER TO PROCEED WITHOUT
PAYMENT OF FEES AND COSTS**

AND NOW, this _____ day of _____, 20____, upon consideration of the within Petition, it is hereby ordered that the Petitioner shall/shall not be permitted to proceed in this matter without payment of fees and costs.

BY THE COURT,

J.

_____ ,	:	IN THE COURT OF COMMON PLEAS OF
Plaintiff	:	LYCOMING COUNTY, PENNSYLVANIA
	:	
vs.	:	CIVIL ACTION – LAW
	:	CUSTODY
_____ ,	:	
Defendant	:	NO.

PETITION TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS

1. I am a party in the above matter and because of my financial condition I am unable to pay the fees and costs of prosecuting or defending the action or proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

(a) Name: _____

Address: _____

(b) Employment

If you are presently employed, state

Employer: _____

Address: _____

Salary or wages per month: _____

Type of work: _____

If you are presently unemployed, state

Date of last employment: _____

Salary or Wages per month: _____

Type of work: _____

(c) Other income within the past twelve months

Business or profession: _____

Other self-employment: _____

Interest: _____

Dividends: _____

Pension and annuities: _____

Social security benefits: _____

Support payments: _____

Disability payments: _____

Unemployment compensation and supplemental benefits: _____

Workers' compensation: _____

Public assistance: _____

Other: _____

(d) Other contributions to household support

Do you have a spouse? _____

Name of your spouse: _____

If your spouse is employed, state

Employer: _____

Address: _____

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

Spouse Name: _____

Children

List INITIALS of each child. Initials:

List ages of children (no birthdates). Ages:

Other persons who depend on you for support

Name: _____

Relationship: _____

4. I understand that I have a 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. 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: _____

Signature of Petitioner: _____

Print Name Here: _____