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| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | IN THE COURT OF COMMON PLEAS |
| PLAINTIFF | LYCOMING COUNTY, PENNSYLVANIA |
| vs. |  |
|  | NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| DEFENDANT |  |

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

1. I am the  Plaintiff  Defendant in the above-captioned case.

2. I intend to represent myself in the custody divorce protection from abuse paternity case.

**Check only one box in Question 3**

3.  This is a new case and I am representing myself in this case and have decided not to hire an attorney to represent me, or

This is not a new case and I am representing myself in this case and have decided not to hire an attorney to represent me, or

This is not a new case and previously represented me in this case.

(Name of Attorney)

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

I have requested that attorney acknowledge his/her withdrawal as my attorney in this case by signing this form.

, Esquire

(Attorney Signature)

4. I am entering my appearance as a self-represented party

(Your Signature)

5. I understand that I need to 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 for the purpose of receiving all future pleadings and other legal notices is:

I understand that this address will be the only address to which notices and pleadings in this case will be sent and that I am responsible to check the mail at this address so I do not miss important deadlines or proceedings.

I am not providing my address because I reside at a confidential location 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/or the Child Custody Act, 23 Pa. C.S. §5336(b).

6. My telephone number where I can be reached is .

My telephone number is confidential pursuant to 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 I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.**

8. I understand that I must ensure that a copy of this form is served on all other attorneys or other self-represented parties at the following addresses as listed below: (use reverse side 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, I am subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities that could result in a fine and/or prison term**.

Date Signature (Your Signature)