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

		Docket No:
Plaintiff	:	Case Assigned to Judge
/S.	:	□ None
	:	□ Family Court Hearing Officer
Defendant	, .	
. Name of Filing Party:		
. Filing Party's Attorney:		
. Type of Filing:		
4. The following is/are request	ed:	6. Name and addresses of all counsel of record and
Argument Evidentiary Hearing		unrepresented parties:
Court Conference		
Rule to Show Cause Entry of Uncontested	Order	
(attach supporting		
Expedited Considera		
Video conferencing	requested. Request form has	
been submitted. See	Lyc. Co. R.G.C.B. L8.	
	et to original motion	
previously filed on:		
5. Time Required:		Continued on a Separate Sheet.
	<u></u>	)RDER
1 An argumer	nt factual hearing cou	Int conference is scheduled for
		, Lycoming County Courthouse, Williamsport, PA.
2 Briefs are to be	e filed by the following dates:	
Filing Party	·	
Responding pa	arty (ies)	·
3 A rule is issued	l upon Respondent to show cau	se why the Petitioner is not entitled to the relief requested.
4 A response to t	the Motion/Petition shall be file	ed within days.
5 See order attac	hed See separate order	issued this date.
6 Other:		
7.		
	Judge	Date

c: ALL PARTIES OR OTHERS TO BE SERVED WITH NOTICEMUST 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	: IN THE COURT OF COMMON PLEAS OF : LYCOMING COUNTY, PENNSYLVANIA
vs.	NO. CIVIL ACTION - LAW
, Defendant	: CUSTODY
	ANCE OF SELF-REPRESENTED PARTY suant to Pa.R.C.P. No. 1930.8
1. My name is	
2. I am the Plaintiff Defendant	
3. I represent myself in this action.	
	COUNSEL OF RECORD (IF APPLICABLE) OU HAVE AN ATTORNEY OF RECORD]
Remove	, Esquire as my attorney of record.
	or the filing party , Esquire (Print attorney name) ID# Attorney Signature Date:
5. I understand that I am under a continuing other self-represented parties, and to attorned	g obligation to provide current contact information to the court, to eys of record.
All pleadings and legal papers can be be my home address pursuant to Rule 19	served on me at the address listed below, which may or may not 30.8.
Print Name:	Date:
Signature:	Telephone Number:

# THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS, INCLUDING THE ATTORNEY REMOVED FROM THE CASE.

		,	:
	Plaintiff		:
			:
VS.			:
			:
		,	:
	Defendant		:

### IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA

CIVIL ACTION – LAW CUSTODY

NO.

#### PETITION FOR SPECIAL RELIEF

E ONLY—DO NOT

4.	The current Custody Order is dated:
	The Custody Order is attached (make sure to attach your Custody Order).
5.	I am asking the court to:
6.	This special relief is necessary because:

#### **VERIFICATION**

I verify that the statements made in the foregoing document are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.CS.§4904 relating to unsworn falsification to authorities.

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

Sign your name

Print your name

# CONFIDENTIAL COURT

INFORMATION FORM



#### **APPELLATE/TRIAL**

#### **CASE RECORDS**

Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts 204 Pa. Code § 213.81

www.pacourts.us/public-records

(Party name as displayed in case caption)	Docket/Case No.	
Vs.		
(Party name as displayed in case caption)	Court	
This form is associated with the pleading titled	, dated	·

Pursuant to *the Public Access Policy of the Unified Judicial System of Pennsylvania : Case Records of the Appellate and Trial Courts*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information	References in Filing:
	Social Security Number (SSN):	Alternative Reference: SSN 1
(full name of adult)	-	
	Financial Account Number (FAN):	Alternative Reference:
OR		FAN 1
This information pertains to	Driver's License Number (DLN):	—
a minor with the		Alternative Reference:
	State of Issuance:	DLN 1
initials of and the full name of		
	State Identification Number (SID):	—
(full name of minor)	-	
(run name of minor)		<u> </u>
		Alternative Reference:
And date of birth:		SID 1
	Cocial Cocurity Number (CCN)	Alternative Reference: SSN 2
	Social Security Number (SSN):	55N 2
(full name of adult)		Alternative Reference:
OR	Financial Account Number (FAN):	FAN 2
This information pertains to		
a minor with the	Driver's License Number (DLN):	Alternative Reference:
		DLN 2
initials of and the full name of	State of Issuance:	
	State Identification Number (SID):	
(full name of minor)	-	<u> </u>
· · ·		Alternative Reference:
And date of birth		SID 2

## THIS FORM IS CONFIDENTIAL

Lycoming County Special Custody Relief Self-Help Kit (Rev. 7/2020)

#### CONFIDENTIAL INFORMATION FORM



#### APPELLATE/TRIAL COURT CASE RECORDS

#### Additional page for additional children (if necessary)

This Information Pertains to:	Confidential Information	References in Filing:
	Social Security Number (SSN):	Alternative Reference: SSN
(full name of adult) OR This information pertains to	Financial Account Number (FAN):	Alternative Reference: FAN
a minor with the initials of and the full name of	Driver's License Number (DLN):	<ul> <li>Alternative Reference:</li> <li>DLN</li> </ul>
	State of Issuance:	-
(full name of minor) And date of birth:	State Identification Number (SID):	Alternative Reference: SID
	Social Security Number (SSN):	Alternative Reference: SSN
(full name of adult) OR	Financial Account Number (FAN):	Alternative Reference: FAN
This information pertains to a minor with the initials of and the full name of	Driver's License Number (DLN):	Alternative Reference: DLN
(full name of minor)	State of Issuance:	-
And date of birth	State Identification Number (SID):	Alternative Reference:
	<u> </u>	-

# THIS FORM IS CONFIDENTIAL

Lycoming County Special Custody Relief Self-Help Kit (Rev. 7/2020)

#### 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

Lycoming County Special Custody Relief Self-Help Kit (Rev. 7/2020)

	Plaintiff	_, : :	IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA
VS.		:	CIVIL ACTION - LAW CUSTODY
	Defendant	:	NO.

#### AFFIDAVIT OF SERVICE BY CERTIFIED MAIL AND REGULAR MAIL

I,	, certify that on	, I
(your name)	(date mailed)	
mailed a true and correct copy of the Motic	on Cover Sheet, Entry of Appearance as Self-	

Represented Party, Petition for Special Relief, a copy of the current Custody Order, and the

Confidential Information Form. These documents were sent by certified mail, restricted delivery,

return receipt requested, to:

(other party's name and address)

I also mailed a true and correct copy of these documents by regular

mail to the other party at the same address on \_\_\_\_\_

(date mailed)

- The other party refused the certified mail, and the sender's receipt and refusal are attached.

The regular mail has not been returned as undeliverable.

I verify that the foregoing is 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:
 \_\_\_\_\_

 Petitioner's Signature:
 \_\_\_\_\_\_

, : Plaintiff :	IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA
:	
VS.	CIVIL ACTION - LAW CUSTODY
, : Defendant :	NO.
AFFIDAVIT OF	PERSONAL SERVICE
т	certify that I am a competent adult who is
	, certify that I am a competent adult who is to this action or an employee or relative of a party
to this action. On(date)	_, I served a true and correct copy of the
	Self-Represented Party, Petition for Special Relief,
a copy of the current Custody Order, and the by:	Confidential Information Form. I served these upon
(other parent/party)	
	nber at his/her residence by the name of
□ handing a copy to an adult in charge o	f his/her residence by the name of
handing a copy to an adult in charge at	t his/her place of employment by the name of
at this address/location:	
at this address/location:	
at approximately(time of day/am-pm)	·
	correct. I understand that false statements herein are
	4904 relating to unsworn falsification to authorities.
inde subject to the penantes of 10 1 a. e.s. §	
Date:	(server's signature)
Name: _	
Address	
Phone:	