



**LYCOMING COUNTY  
CONTEMPT OF  
CUSTODY ORDER  
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.*

# **CONTEMPT OF CUSTODY ORDER**

## **PART TWO: FORMS**

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

_____	:	Docket No:
Plaintiff	:	
	:	Case Assigned to Judge _____
vs.	:	<input type="checkbox"/> None
	:	<input type="checkbox"/> 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> <p><input type="checkbox"/> Argument</p> <p><input type="checkbox"/> Evidentiary Hearing</p> <p><input type="checkbox"/> Court Conference</p> <p><input type="checkbox"/> Rule to Show Cause</p> <p><input type="checkbox"/> Entry of Uncontested Order (attach supporting documentation)</p> <p><input type="checkbox"/> Expedited Consideration. State the basis: _____</p> <p><input type="checkbox"/> Video conferencing requested. Request form has been submitted. See Lyc. Co. R.G.C.B. L8.</p> <p><input type="checkbox"/> Attach this cover sheet to original motion previously filed on: _____</p> <p>5. Time Required: _____</p>	<p>6. Name and addresses of all counsel of record and unrepresented parties:</p> <p>_____</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 as follows: \_\_\_\_\_.
5.  See order attached.  See separate order issued this date.
6.  Other: \_\_\_\_\_.

\_\_\_\_\_  
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	:	IN THE COURT OF COMMON PLEAS OF
	:	LYCOMING COUNTY, PENNSYLVANIA
vs.	:	
	:	NO.
Defendant	:	CIVIL ACTION - LAW
	:	
	:	CUSTODY/VISITATION

**NOTICE AND ORDER TO APPEAR**

Legal proceedings have been brought against you alleging that you have willfully disobeyed an Order of Court for custody.

If you wish to defend against the claim set forth in the following pages, you may but are not required to file in writing with the Court your defenses or objections.

Whether or not you file in writing with the court your defenses or objections, you must appear in person in court on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_.M., in Courtroom No. \_\_\_\_\_, Lycoming County Courthouse, 48 West Third Street, Williamsport, Pennsylvania.

**IF YOU DO NOT APPEAR IN PERSON, THE COURT MAY ISSUE A WARRANT FOR YOUR ARREST.**

If the Court finds that you have willfully failed to comply with its Order, you may be found to be in contempt of court and committed to jail, fined, or both.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE ONE OF THE OFFICES SET FORTH BELOW. THESE OFFICES CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THESE OFFICES MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.**

<p><b>If you do not have a lawyer contact:</b></p> <p><b>Pennsylvania Bar Association Lawyer Referral Service 100 South Street, P.O. Box 186 Harrisburg, PA 17108-0186 (800) 692-7375</b></p>	<p><b>If you cannot afford a lawyer, you may be eligible for legal aid through:</b></p> <p><b>North Penn Legal Services 25 West Third Street, Suite 400 Williamsport, PA 17701 (570) 323-8741</b></p>
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BY THE COURT,

Date: \_\_\_\_\_ J.

**AMERICANS WITH DISABILITIES  
ACT OF 1990**

**The Court of Common Pleas of Lycoming 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 before the court, please contact the Court Administrator's office, telephone number (570)327-2330. All arrangements must be made at least 72 hours prior to any hearing or business before the court.**

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

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY**  
**Pursuant 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.

4. REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (IF APPLICABLE)  
**[FILL OUT THIS PART ONLY IF YOU HAVE AN ATTORNEY OF RECORD]**

\_\_\_\_\_ Remove \_\_\_\_\_, Esquire as my attorney of record.

\_\_\_\_\_ Withdraw my appearance for the filing party  
 \_\_\_\_\_, Esquire (Print attorney name) ID# \_\_\_\_\_  
 \_\_\_\_\_ Attorney Signature Date: \_\_\_\_\_

5. I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

**All pleadings and legal papers can be served on me at the address listed below, which may or may not be my home address pursuant to Rule 1930.8.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

**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.**

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

**PETITION FOR CIVIL CONTEMPT FOR DISOBEDIENCE OF A  
 CUSTODY OR VISITATION ORDER**

Petitioner respectfully represents:

1. The Petitioner is the Plaintiff Defendant, whose name, address, and phone number is

(other party's name, address, and phone number)

2. The Respondent is the Plaintiff Defendant, whose name, address, and phone number is

(other party's name, address, and phone number)

3. On \_\_\_\_\_, Judge \_\_\_\_\_, entered an Order awarding  
(date) (Judge name)  
 Petitioner shared legal custody sole legal custody partial physical custody

primary physical custody shared physical custody sole physical custody

supervised visitation of the minor child(ren): **IDENTIFY EACH CHILD BY**

**INITIALS ONLY—DO NOT WRITE THE NAME OR BIRTH DATE**

INITIALS OF CHILD	CHILD'S AGE
_____	_____
_____	_____
_____	_____
_____	_____

A copy of the Order is attached hereto as Exhibit A.

4. The Respondent has willfully failed to abide by that order in that (describe contempt)

5. Pursuant to Local Rule L1915.12: (check one)

\_\_\_\_\_ Petitioner has attempted to resolve this matter without resort to the Court.

\_\_\_\_\_ Petitioner has special circumstances which would cause harm or prejudice to Petitioner if Petitioner attempted to resolve the matter without going to Court.

These efforts and/or circumstances are described in a Certification attached as

“Exhibit B.”

6. I have attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P.

No. 1915.302.

WHEREFORE, Petitioner requests that Respondent be held in contempt of court.

I verify that the statements made in this Petition for Contempt are true and correct. I

understand that false statements herein are made subject to the penalties of 18 Pa. §4904 relating to unsworn falsification to authorities.

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

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

**CERTIFICATION OF ATTEMPT TO RESOLVE CONTEMPT**

**Exhibit B p. 1**

Check either (a) or (b):

(a) \_\_\_\_\_ The opposing party is \_\_\_\_\_ is not represented by an attorney.

I wrote the attorney \_\_\_\_\_ opposing party about the conduct which I believe to be Contempt of the Order. I warned the attorney \_\_\_\_\_ opposing party in writing that a Contempt Petition would be filed unless steps were offered to correct the contempt.

The checked paragraph indicates the result of my contact:

- The opposing party \_\_\_\_\_ attorney has refused to offer any corrective action.
- The opposing party \_\_\_\_\_ attorney offered the following corrective action:

(state the offer)

But the offer did not resolve the contempt because:

(state why this would not resolve the action)

- Corrective steps were offered by the opposing party \_\_\_\_\_ attorney but they were not followed through within a reasonable period of time.



(b) \_\_\_\_\_ Due to special circumstances: (list special circumstances)

An attempt to resolve the matter without filing a Petition for Contempt is likely to cause harm or prejudice to me. The reason(s) this would cause me serious harm or prejudice is/are:

I verify that the statements in the foregoing 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

\_\_\_\_\_  
Pro Se Petitioner

**Exhibit B p. 3**

(your address)

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

(address of the attorney for the opposing party.) (If the opposing party does not have an attorney, insert the opposing party's address.)

RE: Filing for Contempt of Court  
Case Caption and No. \_\_\_\_\_

Dear \_\_\_\_\_:  
(attorney/opposing party)

Please be advised that the Custody Order in the above matter has been violated and/or continues to be violated by \_\_\_\_\_ (opposing party). \_\_\_\_\_ (opposing party) has willfully disobeyed the Court Order as follows:

You are warned and advised that failure to offer sufficient corrective steps in a timely manner will result in my filing a Petition for Contempt of Court without further notice to you.

Please contact me upon receipt of this letter to advise me of your intentions. Thank you for your attention to this matter.

Sincerely,

(your name, address, and phone number)

\_\_\_\_\_ Sent by Certified Mail/Return Receipt Requested

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

**CRIMINAL RECORD/ABUSE HISTORY VERIFICATION**

I, \_\_\_\_\_, hereby swear or affirm, 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:

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other Household Member</b>	<b>Date of Conviction, Guilty Plea or Pending Charges</b>	<b>Sentence</b>
	18 Pa. C.S. Ch. 25 (relating to criminal homicide)				
	18 Pa. C.S. §2702 (relating to aggravated assault)				
	18 Pa. C.S. §2706 (relating to terroristic threats)				
	18 Pa. C.S. §2709.1 (relating to stalking)				
	18 Pa. C.S. §2901 (relating to kidnapping)				
	18 Pa. C.S. §2902 (relating to unlawful restraint)				

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other Household Member</b>	<b>Date of Conviction, Guilty Plea or Pending Charges</b>	<b>Sentence</b>
	18 Pa. C.S. §2903 (relating to false imprisonment)				
	18 Pa. C.S. §2910 (relating to luring a child into a motor vehicle or structure)				
	18 Pa. C.S. §3121 (relating to rape)				
	18 Pa. C.S. §3122.1 (relating to statutory sexual assault)				
	18 Pa. C.S. §3123 (relating to involuntary deviate sexual assault)				
	18 Pa. C.S. §3124.1 (relating to sexual assault)				
	18 Pa. C.S. §3125 (relating to aggravated indecent assault)				
	18 Pa. C.S. §3126 (relating to indecent assault)				
	18 Pa. C.S. §3127 (relating to indecent exposure)				
	18 Pa. C.S. §3129 (relating to sexual intercourse with animal)				
	18 Pa. C.S. §3130 (relating to conduct relating to sex offenders)				
	18 Pa. C.S. §3301 (relating to arson and related offenses)				
	18 Pa. C.S. §4302 (relating to incest)				
	18 Pa. C.S. §4303 (relating to concealing death of a child)				
	18 Pa. C.S. §4304 (relating to endangering welfare of children)				
	18 Pa. C.S. §4305 (relating to dealing in infant children)				
	18 Pa. C.S. §5902(b) (relating to prostitution and related offenses)				
	18 Pa. C.S. §5903(c ) or (d) (relating to obscene and other sexual materials and performances)				

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other Household Member</b>	<b>Date of Conviction, Guilty Plea or Pending Charges</b>	<b>Sentence</b>
	18 Pa. C.S. §6301 (relating to corruption of minors)				
	18 Pa. C.S. §6312 (relating to sexual abuse of children)				
	18 Pa. C.S. §6318 relating to unlawful contact with minor)				
	18 Pa. C.S. §6320 (relating to sexual exploitation of children)				
	18 Pa. C.S. §6114 (relating to contempt for violation of protection order or agreement)				
	Driving under the influence of drugs or alcohol				
	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device				

2. Unless indicated by my checking the box next to an item below, neither I nor any other member in my household have a history of violent or abusive conduct, or involvement with a Children and Youth agency, including the following:

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other Household Member</b>	<b>Date</b>
	A finding of abuse by a Children and Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction			
	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania, or similar statute in another jurisdiction			
	Involvement with a Children and Youth Agency or similar agency in Pennsylvania or another jurisdiction.  Where?: _____			
	Other:			

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 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 penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

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Signature

---

Printed Name

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Date

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

**CRIMINAL RECORD/ABUSE HISTORY VERIFICATION**

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

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	18 Pa. C.S. §5902(b) (relating to prostitution and related offenses)				
	18 Pa. C.S. §5903(c ) or (d) (relating to obscene and other sexual materials and performances)				



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	Driving under the influence of drugs or alcohol				
	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device				

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	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania, or similar statute in another jurisdiction			
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	Other:			

3. Please list any evaluation, counseling, or other treatment received following conviction or finding of abuse.

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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.

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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 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 penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

---

Signature

---

Printed Name

---

Date

**CONFIDENTIAL  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
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](http://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:
<p>_____ (full name of adult)</p> <p style="text-align: center;">OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor)</p> <p>And date of birth: _____</p>	<p>_____ Social Security Number (SSN):</p> <p>_____ Financial Account Number (FAN):</p> <p>_____ Driver's License Number (DLN):</p> <p>_____ State of Issuance:</p> <p>_____ State Identification Number (SID):</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p style="text-align: center;">OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor)</p> <p>And date of birth _____</p>	<p>_____ Social Security Number (SSN):</p> <p>_____ Financial Account Number (FAN):</p> <p>_____ Driver's License Number (DLN):</p> <p>_____ State of Issuance:</p> <p>_____ State Identification Number (SID):</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

Additional page for additional children (if necessary)

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

**THIS FORM IS CONFIDENTIAL**

**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
	:	
_____	:	NO.
Defendant	:	

**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: \_\_\_\_\_

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

**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 Motion Cover Sheet, Notice and Order, Petition for  
Contempt, Certification of Attempt to Resolve Conflict, copy of the Custody Order, completed  
Criminal Record/Abuse History Verification, blank Criminal Record/Abuse History Verification,  
and Confidential Information Form. These documents were sent by certified mail, restricted  
delivery, return receipt requested, to:

\_\_\_\_\_  
(other parent/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 received the documents \_\_\_\_\_.  
(date received)  
Sender's receipt and return receipt are attached.
- 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: \_\_\_\_\_

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

**AFFIDAVIT OF PERSONAL SERVICE**

I, \_\_\_\_\_, certify that I am a competent adult who is  
(person serving other parent/party)  
18 years of age or older, and I am not a party to this action or an employee or relative of a party  
to this action. On \_\_\_\_\_, I served a true and correct copy of the  
(date)  
Motion Cover Sheet, Notice and Order, Petition for Contempt, Certification of Attempt to  
Resolve Conflict, copy of Custody Order, completed Criminal Record/Abuse History Verification,  
blank Criminal Record/Abuse History Verification, and Confidential Information Form

upon \_\_\_\_\_ by:  
(other parent/party)

- handing a copy to him/her;
- handing a copy to an adult family member at his/her residence by the name of \_\_\_\_\_;
- handing a copy to an adult in charge of his/her residence by the name of \_\_\_\_\_;
- handing a copy to an adult in charge at his/her place of employment by the name of \_\_\_\_\_,

at this address/location: \_\_\_\_\_,  
(place served)

at approximately \_\_\_\_\_.  
(time of day/am-pm)

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: \_\_\_\_\_ (server's signature)

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

Address \_\_\_\_\_  
\_\_\_\_\_

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