



**LYCOMING COUNTY
COMPLAINT FOR CUSTODY 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.

LYCOMING COUNTY COURT OF COMMON PLEAS

_____	:	Docket No:
Plaintiff	:	
vs.	:	
_____	:	
Defendant	:	

ORDER AND NOTICE

You, _____, (non-filing party), have been sued in Court to obtain modify shared legal custody sole legal custody partial physical custody primary physical custody shared physical custody sole physical custody or supervised physical custody of the child(ren): IDENTIFY EACH CHILD BY INITIALS ONLY- DO NOT WRITE THE NAME

You are ordered to appear in person as directed on the Motion Cover Sheet. If you fail to appear at the scheduled hearing/conference, an order for custody, partial custody, or visitation may be entered against you, or the Court may issue a warrant for your arrest.

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 the initial in-person contact with the Court (including, but not limited to, a conference with a conference officer or judge or conciliation), but not later than 30 days after service of the Complaint or Petition. A blank form is included for that purpose.

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, 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 OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

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

LYCOMING COUNTY COURT OF COMMON PLEAS

_____, : Docket No:
Plaintiff :
vs. :
_____, :
Defendant :

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: _____

Email: _____

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 LYCOMING COUNTY, PENNSYLVANIA

_____, : NO. _____
Plaintiff :
vs. : CIVIL ACTION – LAW
_____ : CUSTODY
Defendant :
:

COMPLAINT FOR CUSTODY

1. The Plaintiff is _____, residing at

(Street, City, State, Zip Code and County)

Plaintiff's phone number is _____.

2. The Defendant is _____, residing at

(Street, City, State, Zip Code and County)

Defendant's phone number is _____.

3. Plaintiff 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): IDENTIFY EACH CHILD BY INITIALS ONLY- DO NOT WRITE THE NAME

Initials	Age	Present Residence	Was the child born out of wedlock?	
_____	_____	_____	_____yes	_____no
_____	_____	_____	_____yes	_____no
_____	_____	_____	_____yes	_____no
_____	_____	_____	_____yes	_____no

The children are presently in the custody of _____ (name)
who resides at _____ (address).

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

Address	persons in that home	dates of residence
a) _____ _____	_____	_____ to _____
b) _____ _____	_____	_____ to _____
c) _____ _____	_____	_____ to _____

A parent of the child(ren) is _____ currently residing at _____
_____. This parent is married divorced single.

A parent of the child(ren) is _____ currently residing at _____
_____. This parent is married divorced single.

4. Plaintiff's relationship to the children is that of _____. Plaintiff
currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

5. Defendant's relationship to the children is that of _____. Defendant currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Plaintiff has has not participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child(ren) in this or another court. If yes, the county and docket number is: _____.

Plaintiff has has no information of a custody proceeding concerning the child(ren) pending in a court of this Commonwealth or any other state. If yes, the county and docket number is: _____.

Plaintiff knows does not know of a person not a party to the proceedings who has had physical custody of the child(ren) in the past or claims to have custodial rights with respect to the child(ren). The name and address of such person is: _____.

7. The child(ren)'s best interest and permanent welfare will be served by granting the relief requested because:

8. Each parent whose parental rights to the child 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 persons, named below, who are known to have or claim a right to custody of the child(ren) will be given notice of the pendency of this action and the right to intervene:

Name	Address	Basis of Claim
_____	_____	

_____	_____	

9. (a) If the plaintiff is seeking physical or legal custody of a child and is *in loco parentis* to the child, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. Section 5324(2):

(b) If the plaintiff is a grandparent seeking physical or legal custody of a grandchild and is not *in loco parentis* to the child, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. Section 5324(3):

(c) If the plaintiff is seeking physical or legal custody of a child and is not *in loco parentis* to the child, the plaintiff shall plead facts establishing standing pursuant to 23 Pa.C.S. Sections 5324(4) & (5):

(d) If the plaintiff is a grandparent or great-grandparent seeking partial physical custody or supervised physical custody of a grandchild or great-grandchild, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. Section 5325:

10. Plaintiff has attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No. 1915.3-2.

WHEREFORE, Plaintiff requests the Court to 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).

Signature

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

IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA

		:	NO. _____
Plaintiff		:	
vs.		:	CIVIL ACTION – LAW
		:	CUSTODY
		:	
Defendant		:	

**PLAINTIFF’S
CRIMINAL RECORD/ABUSE HISTORY VERIFICATION**

I, _____ (Plaintiff), 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:

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty Plea or Pending Charges	Sentence
_____	_____	_____	_____	_____	_____
_____	18 Pa.C.S. Ch. 25 (criminal homicide)	_____	_____	_____	_____
_____	18 Pa.C.S. §2702 (aggravated assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §2706 (terroristic threats)	_____	_____	_____	_____
_____	18 Pa.C.S. §2709.1 (stalking)	_____	_____	_____	_____
_____	18 Pa.C.S. §2901 (kidnapping)	_____	_____	_____	_____

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty Plea or Pending Charges	Sentence
_____	18 Pa.C.S. §2902 (unlawful restraint)	_____	_____	_____	_____
_____	18 Pa.C.S. §2903 (false imprisonment)	_____	_____	_____	_____
_____	18 Pa.C.S. §2910 (luring a child into a motor vehicle or structure)	_____	_____	_____	_____
_____	18 Pa.C.S. §3121 (rape)	_____	_____	_____	_____
_____	18 Pa.C.S. §3122.1 (statutory sexual assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §3123 (involuntary deviate sexual assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §3124.1 (sexual assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §3125 (aggravated indecent assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §3126 (indecent assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §3127 (indecent exposure)	_____	_____	_____	_____
_____	18 Pa.C.S. §3129 (sexual intercourse with animal)	_____	_____	_____	_____
_____	18 Pa.C.S. §3130 (conduct relating to sex offenders)	_____	_____	_____	_____

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty Plea or Pending Charges	Sentence
_____	18 Pa.C.S. §3301 (arson and related offenses)	_____	_____	_____	_____
_____	18 Pa.C.S. §4302 (incest)	_____	_____	_____	_____
_____	18 Pa.C.S. §4303 (concealing death of a child)	_____	_____	_____	_____
_____	18 Pa.C.S. §4304 (endangering welfare of children)	_____	_____	_____	_____
_____	18 Pa.C.S. §4305 (dealing in infant children)	_____	_____	_____	_____
_____	18 Pa.C.S. §5902(b) (prostitution and related offenses)	_____	_____	_____	_____
_____	18 Pa.C.S. §5903(c)or(d) (obscene and other sexual materials and performances)	_____	_____	_____	_____
_____	18 Pa.C.S. §6301 (corruption of minors)	_____	_____	_____	_____
_____	18 Pa.C.S. §6312 (sexual abuse of children)	_____	_____	_____	_____
_____	18 Pa.C.S. §6318 (unlawful contact with minor)	_____	_____	_____	_____
_____	18 Pa.C.S. §6320 (sexual exploitation of children)	_____	_____	_____	_____
_____	18 Pa.C.S. §6114 (contempt for violation of protection order or agreement)	_____	_____	_____	_____

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty Plea or Pending Charges	Sentence
_____	_____	_____	_____	_____	_____
_____	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:

Check all that apply	Occurrence	Self	Other Household Member	Date
_____	_____	_____	_____	_____
_____	A finding of abuse by a Children and Youth agency or similar agency in PA or similar statute in another jurisdiction	_____	_____	_____
_____	Abusive conduct as defined under the Protection From Abuse Act in PA or similar statute in another jurisdiction	_____	_____	_____
_____	Involvement with a Children & Youth agency or similar agency in PA 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.

Signature

Printed Name

Date

IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA

_____		: NO. _____
Plaintiff		:
vs.		: CIVIL ACTION – LAW
		: CUSTODY
_____		:
Defendant		:

**DEFENDANT’S
CRIMINAL RECORD/ABUSE HISTORY VERIFICATION**

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

- 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:

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty Plea or Pending Charges	Sentence
_____	_____	_____	_____	_____	_____
_____	18 Pa.C.S. Ch. 25 (criminal homicide)	_____	_____	_____	_____
_____	18 Pa.C.S. §2702 (aggravated assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §2706 (terroristic threats)	_____	_____	_____	_____
_____	18 Pa.C.S. §2709.1 (stalking)	_____	_____	_____	_____
_____	18 Pa.C.S. §2901 (kidnapping)	_____	_____	_____	_____

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty Plea or Pending Charges	Sentence
_____	18 Pa.C.S. §2902 (unlawful restraint)	_____	_____	_____	_____
_____	18 Pa.C.S. §2903 (false imprisonment)	_____	_____	_____	_____
_____	18 Pa.C.S. §2910 (luring a child into a motor vehicle or structure)	_____	_____	_____	_____
_____	18 Pa.C.S. §3121 (rape)	_____	_____	_____	_____
_____	18 Pa.C.S. §3122.1 (statutory sexual assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §3123 (involuntary deviate sexual assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §3124.1 (sexual assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §3125 (aggravated indecent assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §3126 (indecent assault)	_____	_____	_____	_____
_____	18 Pa.C.S. §3127 (indecent exposure)	_____	_____	_____	_____
_____	18 Pa.C.S. §3129 (sexual intercourse with animal)	_____	_____	_____	_____
_____	18 Pa.C.S. §3130 (conduct relating to sex offenders)	_____	_____	_____	_____

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty Plea or Pending Charges	Sentence
_____	18 Pa.C.S. §3301 (arson and related offenses)	_____	_____	_____	_____
_____	18 Pa.C.S. §4302 (incest)	_____	_____	_____	_____
_____	18 Pa.C.S. §4303 (concealing death of a child)	_____	_____	_____	_____
_____	18 Pa.C.S. §4304 (endangering welfare of children)	_____	_____	_____	_____
_____	18 Pa.C.S. §4305 (dealing in infant children)	_____	_____	_____	_____
_____	18 Pa.C.S. §5902(b) (prostitution and related offenses)	_____	_____	_____	_____
_____	18 Pa.C.S. §5903(c)or(d) (obscene and other sexual materials and performances)	_____	_____	_____	_____
_____	18 Pa.C.S. §6301 (corruption of minors)	_____	_____	_____	_____
_____	18 Pa.C.S. §6312 (sexual abuse of children)	_____	_____	_____	_____
_____	18 Pa.C.S. §6318 (unlawful contact with minor)	_____	_____	_____	_____
_____	18 Pa.C.S. §6320 (sexual exploitation of children)	_____	_____	_____	_____
_____	18 Pa.C.S. §6114 (contempt for violation of protection order or agreement)	_____	_____	_____	_____

Check all that apply	Crime	Self	Other Household Member	Date of conviction, guilty Plea or Pending Charges	Sentence
_____	_____	_____	_____	_____	_____
_____	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:

Check all that apply	Occurrence	Self	Other Household Member	Date
_____	_____	_____	_____	_____
_____	A finding of abuse by a Children and Youth agency or similar agency in PA or similar statute in another jurisdiction	_____	_____	_____
_____	Abusive conduct as defined under the Protection From Abuse Act in PA or similar statute in another jurisdiction	_____	_____	_____
_____	Involvement with a Children & Youth agency or similar agency in PA 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.T. §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

(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>

THIS FORM IS CONFIDENTIAL

**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>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>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 Plaintiff shall/shall not be permitted to proceed in this matter without payment of fees and costs.

BY THE COURT,

	:	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: _____

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

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, Complaint for Custody, completed Criminal
 Record/Abuse History Verification, a blank Criminal Record/Abuse History Verification,
 and the 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: _____