

**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**

Sometimes problems arise when you have a Custody Order. The other party may be violating the Order and you want to have that addressed.

Contempt is a very serious matter. However, it is usually best for everyone if the parties resolve the problem without going to court. You may be able to fix it by talking to the other party.

**THE LYCOMING COUNTY COURT REQUIRES THAT YOU TRY TO RESOLVE CONTEMPT MATTERS BEFORE GOING TO COURT.** You must do this unless you would be harmed by trying to resolve the matter first. You must do this *in writing (email or text is O.K.)*.

When the other party has an attorney, you must contact the attorney. When the other party does not have an attorney, you must notify the other party directly.

The notice must state how the other party is violating the order and must warn them that you will file for contempt if the problem is not fixed. This packet contains a letter you can use.

After you notify the other party or their attorney, you must give him/her time to correct the problem before you file a petition for contempt. **You cannot send the letter to the other party and then file for contempt before the other party has a chance to fix the problem.**

If the other party does not correct the problem and/or assure you they will follow the Order in the future, and/or give you additional time to make up for any lost custody time, then you may file a Contempt Petition to get the matter before the court.

**The court will reject your Petition if you do not follow these steps. If you do have a hearing on the contempt, be ready to tell the Judge exactly what you did to try to solve the problem on your own.**



# THE CONTEMPT OF CUSTODY PROCESS

**There are seven steps in the contempt of custody process. This packet provides the forms you need and guides you through these steps.**

**Step One:** Read the instructions in this packet.

**Step Two:** Try to resolve the issue out of court in writing. If that does not work, go on to the next steps.

**Step Three:** Fill out the forms in this packet, and make copies.

**Step Four:** File the forms and copies at the Prothonotary's Office.

**Step Five:** Wait for the copies to be mailed to you with a date for the contempt hearing.

**Step Six:** Serve the papers on the other party.

**Step Seven:** Attend the hearing and make your case.

# **CONTEMPT OF CUSTODY ORDER**

## **PART ONE: INSTRUCTIONS**

## **1. FIRST FORM – MOTION COVER SHEET**

Complete the caption (heading) by using THE SAME CAPTION AS IN YOUR CUSTODY ORDER. Your caption will never change. The same person who is listed as the Plaintiff in your Custody Order must be the Plaintiff in this action. The same person listed as Defendant in your Custody Order must be the Defendant in this action. You should also use the same case number that appears on your Custody Order

Write your name on line 1, and “Petition for Contempt” on line 3. In box 4, put a check in front of “Evidentiary Hearing.” In box 6, write your name and address. Leave the rest of the form blank.

## **2. SECOND FORM – ORDER AND NOTICE**

Complete the caption as on your custody order. Leave the rest of the form blank.

## **3. THIRD FORM – ENTRY OF APPEARANCE AS SELF-REPRESENTED PARTY**

Complete the caption as on your custody order. Fill out the blanks in the form, and write the information requested. Skip paragraph 4 if you never had an attorney.

## **4. FOURTH FORM – PETITION FOR CIVIL CONTEMPT FOR DISOBEDIENCE OF A CUSTODY OR VISITATION ORDER**

Complete the caption as on your custody order.

For paragraph 1, you are the Petitioner because you are filing this petition. Check whether you are the plaintiff or defendant in the caption. Fill out your name, address, and phone number.

For paragraph 2, the other party is the Respondent. Check whether the other party is the plaintiff or defendant in the caption. Fill out the other party’s name, address, and phone number.

For paragraph 3, write the date of the custody order and the name of the judge who entered the order. Then check the type of custody you were granted in the order. Then write the initials and ages of the children addressed in the custody order. Do not write their names or birthdates, as that is confidential information not available to the public.

For paragraph 4, write how the other party has violated the order.

For paragraph 5, check the appropriate statement. If you tried to resolve the matter, check the first statement. If you did not try to resolve the matter because doing so would harm or prejudice you, check that statement.

At the end of the form, fill in the date and your signature.

## **5. FIFTH FORM – CERTIFICATION OF ATTEMPT TO RESOLVE CONTEMPT**

This is where you tell the court what you have done to try to resolve the matter outside of court.

If you contacted the other party or the other party’s attorney, check the line after (a). Check whether or not the party is represented, and who you wrote to about the contempt. Check the box that describes the response, and fill in the lines with the information requested.

If you did not contact the other party or the other party’s attorney, check the line after (b), and explain why.

Read the paragraph starting, “I verify.” Write the date and sign your name

The third page of this form (labeled Exhibit B p. 3) is a letter you can use to send to the other party. If you choose to use it, fill out all the information requested, and make a copy of the letter before you send it to the other party. Include the copy of the letter with your petition for contempt. Send the letter certified mail (see directions later).

**6. SIXTH FORM – COMPLETED CRIMINAL/ABUSE HISTORY VERIFICATION**

Complete the caption as on previous forms. Write your name on the first line of the first paragraph. Check any boxes that are appropriate and fill out the required information. Sign, print, and date the final page.

**7. SEVENTH FORM – BLANK CRIMINAL/ABUSE HISTORY VERIFICATION**

Complete the caption as on previous forms. Leave the rest of the form blank. This is for the other party to fill out and file after you serve it on them.

**8. EIGHTH DOCUMENT – A COPY OF YOUR CURRENT ORDER**

You MUST include a copy of the order that is being violated. You may get a copy at the Prothonotary's Office if you do not have one. You will be charged \$.50 per page.

**9. NINTH FORM – CONFIDENTIAL INFORMATION FORM**

This form is three pages long. This is the ONLY PLACE you list the names and birthdates of the children. This form will not be seen by the public.

Fill out the caption like you have done in the other documents. On the line that says "Court," write "Lycoming County." On the third line, write "Contempt of Custody," where it asks for the title of the pleading, and write the date you are filing the petition.

For the rest of the first page, you only need to fill out the first column. You do not need to write anything for "full name of adult." Just list each child's initials, name, and date of birth separately, with the dotted line dividing each child's information. If there are more than two children, use the additional page.

After you have listed each child, sign the form that states, "I certify that this filing complies . . ." Write the date and print the additional information requested under your signature. This means that you promise you have not put the children's names or birthdates on the forms available to the public.

**10. AND 11. TENTH AND ELEVENTH FORMS – FORMS TO WAIVE THE FILING FEE**

In order to file a contempt petition, there is a fee that must be paid to the Prothonotary. This fee changes from time to time. As of January 1, 2018, it is \$25.75.

If you don't think you can pay the filing fee, you may ask the Court to waive the cost. You will need to fill out and file two forms, in addition to the documents above. If you can afford to pay the filing fee, you will have to do so. The Court waives this cost only in cases where income is extremely low.

**TENTH FORM – ORDER TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS**

Fill in the caption as on the other documents. There is nothing more for you to fill out on this document. If the Court grants the Petition, your contempt action can proceed. If not, you will be notified and you will have to pay the costs in order to continue.

## **ELEVENTH FORM – PETITION TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS**

Fill out the caption as on the other documents. The rest of the form is quite clear. You are asked to fill in facts about your personal finances. Be sure to include income from all sources, including government benefits like Public Assistance, unemployment compensation, and food stamps. Don't forget money your spouse receives, if you are married; from your parents if they help you; from friends or other family members; or from an Order for child support. Finally, identify all persons who depend on your income for support, including children who live with you. Do not list the children's names—only their initials and ages.

Sections 4 and 5 of this Petition are important. Be sure that you read these paragraphs. They require you to inform the Court of any improvement in your financial situation which might permit you to pay some or all of the costs at a later date. When you date and sign the Petition after paragraph 5, you are promising that the information you have filled in is true. There will be consequences if you make false statements.

### **COPIES**

*After you have completed forms one through nine, clip them together in order, with the Motion Cover Sheet on the front. You will then need to get copies made. You need a copy for yourself, one for the other party, and one for each additional party, if there are any. The original will stay at court, in the Prothonotary's office. Remember, you need a copy of your current custody order to attach. If you do not have a copy, you can get one from the Prothonotary's Office.*

*If you are filing a request to proceed without paying costs, you will need to make one copy of those documents, too (forms nine and ten).*

***You are now ready to file all of the papers with the Prothonotary.***



# **HOW TO FILE THE PETITION FOR CONTEMPT**

Take all of your completed forms (including the copies) to the Prothonotary's Office on the first floor of the Lycoming County Courthouse at 48 West Third Street, Williamsport, on any weekday (Monday through Friday) between 8:30 a.m. and 5:00 p.m. Separate the papers into the three groups shown below, and put them in the order shown below. You **MUST** have the groups of documents listed under First Group and Second Group. If you are asking the Court to waive the filing fee, you should also have the documents listed under Third Group.

**1. FIRST GROUP:** (1) Motion Cover Sheet, (2) Order and Notice, (3) Entry of Appearance as Self-Represented Party, (4) Petition for Contempt, (5) Certification of Attempt to Resolve Conflict, (6) A Copy of Your Custody Order, (7) Completed Criminal/Abuse History Verification, and (8) Blank Criminal/Abuse History Verification

*You will need an original and at least two copies of all these forms.*

**2. SECOND GROUP:** Confidential Information Form (2 pages if there are less than three children, 3 pages if there are three children or more).

*You will need an original and at least two copies of all these forms.*

**3. THIRD GROUP:** If you are asking to have the filing fee waived, you will need: (1) Order to Proceed Without Payment of Fees and Costs, and (2) Petition to Proceed without Payment of Fees and Costs.

*You will need an original and one copy of each of these documents.*



The Prothonotary will file stamp all the documents and will keep all the forms, including the copies. The case will be given a date for a hearing in front of a Judge, and then the copies will be mailed back to you.

The original documents that you filled out become part of the permanent court record and remain in the Prothonotary's Office. Of the copies that are mailed back to you, keep one copy of each document for yourself.

You must then promptly serve one copy of the First Group (see above) and one copy of the Second Group (see above) of documents on the other party and any other parties. Go to the next set of instructions to find out how to serve the other party.



## **HOW TO SERVE THE OTHER PARTY**

It is not enough to simply talk to the other party about the contempt action or the hearing date. You must give the other party legal notice that you have filed for contempt. This kind of notice is called “service.”

Service of the papers is **YOUR** responsibility. **IT IS IMPORTANT TO SERVE THE OTHER PARTY AS SOON AS POSSIBLE.** If you do not serve the other party in time for them to have reasonable notice and an opportunity to prepare for the hearing, the Court may reschedule the hearing for a later date.

If you have the funds to do so, you can pay the Sheriff, Constable, or process server to serve the papers for you and to file an Affidavit of Service for you. Otherwise, you will need to serve by one of the following two methods. You will then need to fill out an Affidavit of Service, and file the Affidavit of Service at the Prothonotary’s Office.

### **CERTIFIED MAIL AND REGULAR MAIL:**

To serve by this method, you must send all of the documents stated above by **certified mail, with return receipt requested and restricted delivery AND regular mail** to the other party’s address. “Restricted delivery” means that the return receipt must be signed by the other party only.

When you go to the post office, someone at the window can give you the forms to send the certified mail. The cost **MUST** be paid at that time. When you send the certified mail, you will be given a “sender’s receipt” (a little white receipt). Keep this receipt to include with your proof of service. Also send the other party a copy of the papers by regular mail.

You should mail the documents to the other party as soon as possible after you receive them in the mail from the Prothonotary’s Office. The other party should receive them ***at least ten (10) days before the hearing date.***

Once the other party has signed the green receipt, indicating that he or she has received the documents, service is complete. You will have proof that service is complete when you receive the green receipt with the other party’s signature on it. When you receive that green receipt, you must save it. It is to be included with your original receipt and attached to the Affidavit of Service.

If the certified mail is **REFUSED** by the other party, you will get a notice from the Post Office saying it was refused. If the regular mail is not returned within fifteen (15) days, service may be considered complete. If mail is returned **UNCLAIMED**, service will need to be made another way.

**PERSONAL SERVICE:**

You can have a person who is 18 years of age or older, who is not a party to the action or an employee or relative of a party to the action, serve the papers. Therefore, if you are the person filing the petition, you should not serve the papers yourself, and you should not have anyone who is related to you or who works for you, serve the papers.

The person who serves the legal papers on the opposing party must do it in the manner required by law. The person can serve the papers:

- (a) by handing a copy to the other party; or
- (b) by handing a copy to an adult member of the family with whom the other party resides; or
- (c) by handing a copy of the papers to an adult person in charge of the residence at the time (example: babysitter, etc.); or
- (d) by going to the opposing party's usual place of business and handing a copy to the opposing party's agent (one that acts for or representative of) or to the person in charge.

**12 and 13: AFFIDAVITS OF SERVICE:** Choose ONE of the two Affidavit of Service forms that follow these instructions. There is one for service by certified mail and regular mail, and one for personal service. You have to fill out and file one of these forms with the Prothonotary after you serve the other party, unless you pay a Sheriff or Constable to do it for you. If you are serving more than one person, you have to complete and file a separate Affidavit for each one.

The Affidavit of Service should be completed and filed with the Prothonotary as soon as service is completed. Make a copy for yourself, and bring it to the hearing.

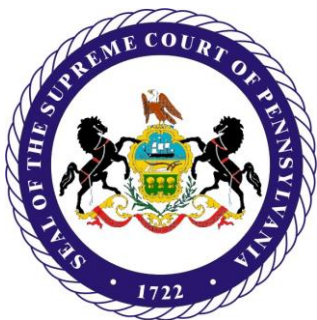
**TWELFTH FORM – AFFIDAVIT OF SERVICE BY CERTIFIED MAIL AND REGULAR MAIL**

- ☐ Fill in the caption.
- ☐ Fill in the blanks.
- ☐ Staple your sender's receipt (the white receipt) and the green card you got back in the mail to the Affidavit.
- ☐ Sign and date at the bottom and make one copy of everything.
- ☐ File at the Prothonotary's Office before the conference and keep a time-stamped copy for your records.

**THIRTEENTH FORM – AFFIDAVIT OF SERVICE BY PERSONAL SERVICE:**

This form is completed by someone else who serves the papers for you, and then you file it with the Prothonotary before the conference.

- ☐ Fill in the caption.
- ☐ Fill in the blank spaces.
- ☐ Check the paragraph that best describes how the papers were served.
- ☐ Have the person who served the papers sign, date, and write his/her address and telephone number at the bottom.
- ☐ Make one copy and file at the Prothonotary's Office before the conference. Keep a time-stamped copy for your records.



# Protecting Confidential Information - Here's How

A certification shall accompany each filing in accordance with the policy. A court or custodian is not required to review any filed document for compliance with this policy. Failure to comply may lead to imposed sanctions.

## Confidential Information

Unless required by applicable authority, the following information shall not be included in any document filed with a court or custodian, except on a “Confidential Information Form” filed contemporaneously with the document.

1. Social Security Numbers
2. Financial Account Numbers Except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified
3. Driver License Numbers
4. State identification (SID) Numbers
5. Minors’ Names and Dates of Birth except when a minor is charged as defendant in a criminal matter (see 42 Pa.C.S. §6355)
6. Abuse Victim’s Address and other Contact Information including employer’s name, address, and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim’s name

## Confidential Documents

Unless required by applicable authority, the following documents shall be filed with a court or custodian with the “Confidential Document Form.”

1. Financial Source Documents
2. Minors’ Educational Records
3. Medical/Psychological Records
4. Children and Youth Services’ Records
5. Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.C.P. No. 1920.33
6. Income and Expense Statement as provided in Pa.R.C.P. No. 1910.27(c)
7. Agreements between the Parties as used in 23 Pa.C.S. §3105

These requirements do not apply to case types (e.g. juvenile, adoption) that are sealed or exempted from public access pursuant to applicable authority.

For forms and more information, reference the *Case Records Public Access Policy Of The Unified Judicial System Of Pennsylvania* at the website below.



Please visit: <http://www.pacourts.us/public-records/public-records-policies>

# **CONTEMPT OF CUSTODY ORDER**

## **PART TWO: FORMS**

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

Plaintiff	:	Docket No: _____
	:	
vs.	:	Case Assigned to Judge _____
	:	<input type="checkbox"/> None
Defendant	:	<input type="checkbox"/> Family Court Hearing Officer
	:	

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 style="text-align: right;">_____ 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.
	:	CIVIL ACTION - LAW
Defendant	:	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 OFFER 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: \_\_\_\_\_

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
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  
(circle one)

\_\_\_\_\_  
(your name, address, and phone number)

2. The Respondent is the Plaintiff/Defendant, whose name, address, and phone number  
(circle one)

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)

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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.  
(circle one)

I wrote the attorney/opposing party about the conduct which I believe to be  
(circle one)  
Contempt of the Order. I warned the attorney/opposing party in writing that a  
(circle one)  
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.  
(circle one)

☐ 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 \_\_\_\_\_ has  
(opposing party) (opposing party)  
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.	: No. _____
	:
_____,	: CIVIL ACTION - LAW
Defendant	: CUSTODY

**PLAINTIFF 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. Participants: Please list ALL members in your/the participant's household and attach sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>	<i>Address</i>	<i>Relationship to Child(ren)</i>

\_\_\_\_\_ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa. C.S. §6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 PA.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

Please list ALL Members in the opposing party's household and attach sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>	<i>Address</i>	<i>Relationship to Child(ren)</i>

\_\_\_\_\_ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa. C.S. §6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 PA.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

**SUBJECT CHILD(REN)** – attach additional sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>

2. *Criminal Offenses:* As to the following listed Pennsylvania crimes or offenses, or another jurisdiction's substantially equivalent crimes or offenses, check the box next to any applicable crime or offense in which you or a household member:

- has pleaded guilty or no contest;
- has been convicted;
- has charges pending; or
- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301-6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or court has entered an order for limited access, *e.g.*, Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2:

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other household member</b>	<b>Date of conviction, guilty plea, no contact plea, or pending charges</b>	<b>Sentence</b>
	18 Pa.C.S. Ch. 25 (relating to criminal homicide)				
	18 Pa.C.S. §2701 (relating to simple assault)				
	18 Pa.C.S. §2702 (relating to aggravated assault)				
	18 Pa.C.S. §2705 (relating to recklessly endangering another person)				
	18 Pa.C.S. §2706 (relating to terroristic threats)				
	18 Pa.C.S. §2709.1 (relating to stalking)				

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other household member</b>	<b>Date of conviction, guilty plea, no contact plea, or pending charges</b>	<b>Sentence</b>
	18 Pa.C.S. §2718 (relating to strangulation)				
	18 Pa.C.S. §2901 (relating to kidnapping)				
	18 Pa.C.S. §2902 (relating to unlawful restraint)				
	18 Pa.C.S. §2903 (relating to false imprisonment)				
	18 Pa.C.S. §2704 (relating to interference with custody of children)				
	18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure)				
	18 Pa.C.S. Ch. 30 (relating to human trafficking)				
	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 intercourse)				
	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)				

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other household member</b>	<b>Date of conviction, guilty plea, no contact plea, or pending charges</b>	<b>Sentence</b>
	18 Pa.C.S. §4302 (relating to incest)				
	18 Pa.C.S. §4303 (relating to concealing death of child)				
	18 Pa.C.S. §4305 (relating to dealing in infant children)				
	18 Pa.C.S. §5533 (relating to cruelty to animal)				
	18 Pa.C.S. §5534 (relating to aggravated cruelty to animal)				
	18 Pa.C.S. §5543 (relating to animal fighting)				
	18 Pa.C.S. §5544 (relating to possession of animal fighting paraphernalia)				
	18 Pa.C.S. §5902(b) or (b.1) (relating to prostitution and related offenses)				
	18 Pa.C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances)				
	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)				
	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14				



Check all that Apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contact plea, or pending charges	Child
	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				

3. *Abuse or Agency Involvement.* Check the box next to any statement that applies to you, a household member, or your child:

Check all that Apply	Crime	Self	Household Member	Child
	Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.  What jurisdiction? _____			
	A determination or finding of abuse ( <i>i.e.</i> , indicated or founded report) by a children & youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction.  What jurisdiction? _____			
	An adjudication of dependency involving this child or any other child under Pennsylvania's Juvenile Act, or a similar law in another jurisdiction.  What jurisdiction? _____ Is the case active? _____			

Check all that Apply	Crime	Self	Household Member	Child
	A history of perpetrating “abuse” as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. §6102.			
	A history of perpetrating “sexual violence” or “intimidation” as those terms are defined in 42 Pa.C.S. §62A03 (relating to protection of victims of sexual violence and intimidation).			
	Other:			

4. If you checked a box in (2) or (3), list any evaluation, counseling or other treatment received as a result:

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5. If you checked a box in (2) or (3) that applies to your household member, who is not a party, state that person’s name, date of birth, and relationship to the child:

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6. If you are aware that the other party or the other party’s household member has a criminal record or abuse history, please explain:

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**ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.**

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

---

Signature

---

Printed Name

---

Date

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

---

Signature of filer

---

Printed Name

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

**DEFENDANT 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:

3. Participants: Please list ALL members in your/the participant's household and attach sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>	<i>Address</i>	<i>Relationship to Child(ren)</i>

\_\_\_\_\_ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa. C.S. §6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 PA.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

Please list ALL Members in the opposing party's household and attach sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>	<i>Address</i>	<i>Relationship to Child(ren)</i>

\_\_\_\_\_ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa. C.S. §6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 PA.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

**SUBJECT CHILD(REN)** – attach additional sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>

4. *Criminal Offenses:* As to the following listed Pennsylvania crimes or offenses, or another jurisdiction's substantially equivalent crimes or offenses, check the box next to any applicable crime or offense in which you or a household member:

- has pleaded guilty or no contest;
- has been convicted;
- has charges pending; or
- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301-6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or court has entered an order for limited access, *e.g.*, Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2:

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other household member</b>	<b>Date of conviction, guilty plea, no contact plea, or pending charges</b>	<b>Sentence</b>
	18 Pa.C.S. Ch. 25 (relating to criminal homicide)				
	18 Pa.C.S. §2701 (relating to simple assault)				
	18 Pa.C.S. §2702 (relating to aggravated assault)				
	18 Pa.C.S. §2705 (relating to recklessly endangering another person)				
	18 Pa.C.S. §2706 (relating to terroristic threats)				
	18 Pa.C.S. §2709.1 (relating to stalking)				

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other household member</b>	<b>Date of conviction, guilty plea, no contact plea, or pending charges</b>	<b>Sentence</b>
	18 Pa.C.S. §2718 (relating to strangulation)				
	18 Pa.C.S. §2901 (relating to kidnapping)				
	18 Pa.C.S. §2902 (relating to unlawful restraint)				
	18 Pa.C.S. §2903 (relating to false imprisonment)				
	18 Pa.C.S. §2704 (relating to interference with custody of children)				
	18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure)				
	18 Pa.C.S. Ch. 30 (relating to human trafficking)				
	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 intercourse)				
	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)				

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other household member</b>	<b>Date of conviction, guilty plea, no contact plea, or pending charges</b>	<b>Sentence</b>
	18 Pa.C.S. §4302 (relating to incest)				
	18 Pa.C.S. §4303 (relating to concealing death of child)				
	18 Pa.C.S. §4305 (relating to dealing in infant children)				
	18 Pa.C.S. §5533 (relating to cruelty to animal)				
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	18 Pa.C.S. §5543 (relating to animal fighting)				
	18 Pa.C.S. §5544 (relating to possession of animal fighting paraphernalia)				
	18 Pa.C.S. §5902(b) or (b.1) (relating to prostitution and related offenses)				
	18 Pa.C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances)				
	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)				
	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14				

Check all that Apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contact plea, or pending charges	Child
	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				

3. *Abuse or Agency Involvement.* Check the box next to any statement that applies to you, a household member, or your child:

Check all that Apply	Crime	Self	Household Member	Child
	Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.  What jurisdiction? _____			
	A determination or finding of abuse ( <i>i.e.</i> , indicated or founded report) by a children & youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction.  What jurisdiction? _____			
	An adjudication of dependency involving this child or any other child under Pennsylvania's Juvenile Act, or a similar law in another jurisdiction.  What jurisdiction? _____ Is the case active? _____			



Check all that Apply	Crime	Self	Household Member	Child
	A history of perpetrating “abuse” as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. §6102.			
	A history of perpetrating “sexual violence” or “intimidation” as those terms are defined in 42 Pa.C.S. §62A03 (relating to protection of victims of sexual violence and intimidation).			
	Other:			

4. If you checked a box in (2) or (3), list any evaluation, counseling or other treatment received as a result:

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5. If you checked a box in (2) or (3) that applies to your household member, who is not a party, state that person’s name, date of birth, and relationship to the child:

---



---

6. If you are aware that the other party or the other party’s household member has a criminal record or abuse history, please explain:

---



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**ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.**

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

---

Signature

---

Printed Name

---

Date

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

---

Signature of filer

---

Printed Name

**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:
<div>_____</div> <div>(full name of adult)</div> <div>OR</div> <div>This information pertains to a minor with the</div> <div>initials of _____ and the full name of</div> <div>_____</div> <div>(full name of minor)</div> <div>And date of birth: _____</div>	<div>Social Security Number (SSN):</div> <div>_____</div> <div>Financial Account Number (FAN):</div> <div>_____</div> <div>Driver's License Number (DLN):</div> <div>_____</div> <div>State of Issuance:</div> <div>_____</div> <div>State Identification Number (SID):</div> <div>_____</div>	<div>Alternative Reference:</div> <div>SSN 1</div> <div>Alternative Reference:</div> <div>FAN 1</div> <div>Alternative Reference:</div> <div>DLN 1</div> <div>Alternative Reference:</div> <div>SID 1</div>
<div>_____</div> <div>(full name of adult)</div> <div>OR</div> <div>This information pertains to a minor with the</div> <div>initials of _____ and the full name of</div> <div>_____</div> <div>(full name of minor)</div> <div>And date of birth _____</div>	<div>Social Security Number (SSN):</div> <div>_____</div> <div>Financial Account Number (FAN):</div> <div>_____</div> <div>Driver's License Number (DLN):</div> <div>_____</div> <div>State of Issuance:</div> <div>_____</div> <div>State Identification Number (SID):</div> <div>_____</div>	<div>Alternative Reference:</div> <div>SSN 2</div> <div>Alternative Reference:</div> <div>FAN 2</div> <div>Alternative Reference:</div> <div>DLN 2</div> <div>Alternative Reference:</div> <div>SID 2</div>

**CONFIDENTIAL  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

Additional page for additional children (if necessary)

<b>This Information Pertains to:</b>	<b>Confidential Information</b>	<b>References in Filing:</b>
<hr/> <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> <hr/> <p>(full name of minor)</p> <p>And date of birth: _____</p>	<p>Social Security Number (SSN):</p> <hr/> <p>Financial Account Number (FAN):</p> <hr/> <p>Driver's License Number (DLN):</p> <hr/> <p>State of Issuance:</p> <hr/> <p>State Identification Number (SID):</p> <hr/>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
<hr/> <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> <hr/> <p>(full name of minor)</p> <p>And date of birth</p> <hr/>	<p>Social Security Number (SSN):</p> <hr/> <p>Financial Account Number (FAN):</p> <hr/> <p>Driver's License Number (DLN):</p> <hr/> <p>State of Issuance:</p> <hr/> <p>State Identification Number (SID):</p> <hr/>	<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
_____	:	
Defendant	:	NO.

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

\_\_\_\_\_,  
Plaintiff

vs.

\_\_\_\_\_,  
Defendant

: IN THE COURT OF COMMON PLEAS OF  
: LYCOMING COUNTY, PENNSYLVANIA  
:  
: 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: \_\_\_\_\_

<hr/>		:	IN THE COURT OF COMMON PLEAS OF
	Plaintiff	:	LYCOMING COUNTY, PENNSYLVANIA
		:	
vs.		:	NO.
		:	CIVIL ACTION - LAW
<hr/>		:	
	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: \_\_\_\_\_