



**LYCOMING COUNTY
MODIFICATION OF
EXISTING 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.

**MODIFICATION OF AN
EXISTING 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>_____ 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 within _____ days.
5. _____ See order attached. _____ See separate order issued this date.
6. _____ Other: _____.
7. _____

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.

	:	IN THE COURT OF COMMON PLEAS OF
Plaintiff	:	LYCOMING COUNTY, PENNSYLVANIA
	:	
vs.	:	CIVIL ACTION - LAW
	:	CUSTODY
	:	
	:	NO.
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)(supervised physical custody) of the child(ren): IDENTIFY EACH CHILD BY INITIALS ONLY— DO NOT WRITE THE NAME

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.

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.

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

PETITION FOR MODIFICATION OF A CUSTODY ORDER

1. The Petitioner is _____ and resides at:
 (name of party filing the petition)

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

The Petitioner's phone number is: _____

2. The Respondent is _____, and resides at:
 (name of other party)

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

His/her phone number is _____.

3. The children involved in this case are: LIST EACH CHILD BY INITIALS AND AGE ONLY. DO NOT WRITE THE NAME OR BIRTH DATE.

INITIALS

AGE

4. Petitioner respectfully represents that on _____, 20____,

An order was entered for (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody). A true and correct copy of the Order is attached.

5. This order should be modified because:

6. This order should be modified to say:

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

WHEREFORE, Petitioner requests that the Court modify the existing Order because it will be in the best interest of the child(ren).

I verify that the statements made in this Petition for Modification 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: _____

Petitioner (your signature)

Printed Name

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

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 (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)				

Check all that apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea or Pending Charges	Sentence
	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)				

Check all that apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea or Pending Charges	Sentence
	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:

Check all that apply	Crime	Self	Other Household Member	Date
	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.

Signature

Printed Name

Date

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

CRIMINAL RECORD/ABUSE HISTORY VERIFICATION

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Check all that apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea or Pending Charges	Sentence
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	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)				
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	18 Pa. C.S. §3301 (relating to arson and related offenses)				
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	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)				
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	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:

Check all that apply	Crime	Self	Other Household Member	Date
	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.

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>(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>(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

Plaintiff	:	IN THE COURT OF COMMON PLEAS OF LYCOMING COUNTY, PENNSYLVANIA
vs.	:	CIVIL ACTION – LAW
Defendant	:	CUSTODY
	:	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: _____

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

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL AND REGULAR MAIL

I, _____, certify that on _____, I
(your name) (date mailed)
mailed a true and correct copy of the Motion Cover Sheet, Order and Notice, Petition for
Modification, completed Criminal Record/Abuse History Verification, a blank Criminal
Record/Abuse History Verification, a copy of the current Custody Order, and the Confidential
Information Form. These documents were sent by certified mail, restricted delivery, return receipt
requested, to:

(other 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 on _____.
(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. : 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, Petition for Modification of Custody, completed Criminal
 Record/Abuse History Verification, a blank Criminal Record/Abuse, a copy of the current Custody

Order 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: _____