



**LYCOMING COUNTY  
CIVIL CONTEMPT  
OF PFA ORDER  
SELF-HELP KIT**

**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 PFA ORDER**

Sometimes problems arise after you have a Temporary or Final PFA Order. The other party may have violated the Order and you want to have that issue addressed.

Contempt is a very serious matter. If the police have been involved in your case and an arrest has been made regarding the Defendant's alleged violation of your PFA Order, do not file this Petition. Contact the Lycoming County District Attorney's Office at (570) 327-2465 for information about the Defendant being prosecuted for indirect criminal contempt.

If the police have not made an arrest, or the violation pertains to something the Defendant was required to do in your PFA Order but has failed to do (such as payment of medical expenses or contributing towards your rent or mortgage), you should complete this packet and file it with the Prothonotary's Office.

There is no fee to file this petition. You will, however, need to pay for copies and any costs to serve the petition.

## THE PFA CONTEMPT PROCESS

**There are six steps in the PFA contempt process. This packet provides the forms you need and guides you through these steps.**

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

**Step Two:** Fill out the documents in this packet, and make copies.

**Step Three:** File the documents and copies.

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

**Step Five:** Serve the documents on the other party.

**Step Six:** Attend the hearing and make your case. You must arrange for any witnesses you want to testify on your behalf to attend the hearing and bring any evidence you wish to present.

# **CONTEMPT OF PFA ORDER**

## **PART ONE: INSTRUCTIONS**

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

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

Write your name on line 1, and “Petition for PFA Contempt” on line 3. In box 4, put a check in front of “Evidentiary Hearing.” In box 6, write your name and address (unless your address is confidential, in which case write “see abuse victim addendum to Confidential Information Form”). Leave the rest of the form blank—this is for the Court to fill out.

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

Complete the caption as on your PFA Order. Leave the rest of the form blank.

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

Complete the caption as on your PFA order. Check the appropriate boxes and sign and date the completed form. If your address is confidential, write “Confidential” on the line for address.

## **4. FOURTH FORM – PETITION FOR CONTEMPT FOR VIOLATION OF A PFA ORDER**

Complete the caption as on your PFA order.

For paragraph 1, write in your name. Do not include your address. Instead, you will write that information on the Confidential Information Form unless you have a Confidential Address in which case you will write “CONFIDENTIAL” on that line on the form and complete the name, docket number, county and address lines on the “Abuse Victim Addendum”.

For paragraph 2, write in the name and address of the Defendant.

For paragraph 3, if you have only obtained a Temporary Order at the time the alleged violation occurred, fill out only the first part of paragraph 3. Write the date that the Temporary PFA Order was entered and the name of the judge who entered the order. You must also provide the date that the Temporary Order was served. There can be no violation if the Defendant has not yet been served with the Temporary PFA Order. You can contact the Lycoming County Sheriff’s Office at (570) 327-2280 to ask them the date they served the Defendant with a copy of the Temporary Order.

If you have already been granted a Final Protection from Abuse Order, fill out only the second part of paragraph 3. Write in the date that it was granted and the name of the judge who entered the order. You do not need to state the date of service.

Attach a copy of the most recent PFA Order to your petition.

For paragraph 4, write how the other party has violated the order. Include as many details as you can remember. Do not include full names or birthdates of any children who may be victims but instead use their initials only.

At the end of the form, sign the Petition. Also sign and print your name and date following the verification.

## **5. FIFTH FORM – CONFIDENTIAL INFORMATION FORM**

This form is three pages long. This is the **ONLY PLACE** you list your address or the names and birthdates of any children who may be victims. This form will not be seen by the public.

On the first page, 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 “Petition for Contempt of a PFA Order,” 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, fill out the information pertaining to yourself under “full name of adult” and write your address in the confidential information box on the line marked “address,” unless you have a Confidential Address, in which case you should write “CONFIDENTIAL” on this line. You do not need to fill out the other lines in this box. If your address is confidential, also fill out the Abuse Victim Addendum by writing in the first box your name, the docket number of the case, and Lycoming County, and in the middle box, your address. You do not need to include your employer’s name & address, your work schedule or other contact information.

**This Addendum is to be handed separately to the Prothonotary when you file all the papers; do not make copies of this page and do not include with the rest of the forms.**

If there are children who are also protected under the PFA Order who are also victims of the violation, just list each child’s initials, name, and date of birth separately, with the dotted line dividing each child’s information. If there are multiple children, use the additional page and extra additional pages if there are more than three children. If you use additional page(s), write the number of additional pages you are attaching in the blank at the top of the second page of the form.

Finally, sign the form on the third page where it 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.

### **COPIES**

After you have completed forms #1 through #5, 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 and one for the Defendant. If you plan to serve the Defendant by mail, you will need two copies for the Defendant, as will be explained in the section on Service. The original will stay at court, in the Prothonotary’s office. Remember, you will also need a copy of your current PFA Order to attach. If you do not have a copy, you may get one from the Prothonotary’s Office, at a cost of \$.50 per page.

***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 two groups shown below, and put them in the order shown below.

**1. FIRST GROUP:** (1) Motion Cover Sheet, (2) Order and Notice, (3) Entry of Appearance as Self-Represented Party, (4) Petition for Contempt and (5) a copy of your current PFA Order

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

**2. SECOND GROUP:** (1) Confidential Information Form and (if applicable) (2) Abuse Victim Addendum

*You will need an original and two copies of this form. Remember – if your address is confidential, do not copy the Abuse Victim Addendum where you provide your address.*

**The Prothonotary will file stamp all of 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 of documents (see above) and one copy of the Confidential Information Form on the Defendant. Go to the next set of instructions to find out how to serve the Defendant.**

## **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 a petition 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 a reasonable notice and 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 a copy of all of the documents stated above by **certified mail, with return receipt requested and restricted delivery AND also by regular mail** to the Defendant’s address. “Restricted delivery” means that the return receipt must be signed by the Defendant 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 defendant a copy of the papers by regular mail.

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

Once the Defendant 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 Defendant’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 Defendant, 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.

**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 Defendant, unless you pay a Sheriff or Constable to serve the Defendant. In that case, the Sheriff or Constable will file the proof of service.

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 custody conference.

**6. SIXTH 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 hearing and keep a time-stamped copy for your records.

**7. SEVENTH 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 hearing. Keep a time-stamped copy for your records.

# **CONTEMPT OF PFA ORDER**

## **PART TWO: FORMS**

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

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

1. Name of Filing Party: \_\_\_\_\_
2. Filing Party's Attorney: \_\_\_\_\_
3. Type of Filing: \_\_\_\_\_

<p>4. The following is/are requested:</p> <p><input type="checkbox"/> Argument</p> <p><input type="checkbox"/> Evidentiary Hearing</p> <p><input type="checkbox"/> Court Conference</p> <p><input type="checkbox"/> Rule to Show Cause</p> <p><input type="checkbox"/> Entry of Uncontested Order (attach supporting documentation)</p> <p><input type="checkbox"/> Expedited Consideration. State the basis: _____</p> <p><input type="checkbox"/> Video conferencing requested. Request form has been submitted. See Lyc. Co. R.G.C.B. L8.</p> <p><input type="checkbox"/> Attach this cover sheet to original motion previously filed on: _____</p> <p>5. Time Required: _____</p>	<p>6. Name and addresses of all counsel of record and unrepresented parties:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</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.
Defendant	:	CIVIL ACTION - LAW
	:	
	:	PROTECTION FROM ABUSE

**NOTICE AND ORDER TO APPEAR**

Legal proceedings have been brought against you alleging that you are in civil contempt of a Protection from Abuse Order.

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 help through:</b></p> <p><b>Public Defender's Office Third Floor, Lycoming County Courthouse 48 West Third Street Williamsport, PA 17701 (570) 327-2367</b></p>
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BY THE COURT,

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

\_\_\_\_\_

J.

**AMERICANS WITH DISABILITIES  
ACT OF 1990**

**The Court of Common Pleas of Lycoming County is required by law to comply with the Americans With Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact the Court Administrator's office, telephone number (570)327-2330. All arrangements must be made at least 72 hours prior to any hearing or business before the court.**

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

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY**  
**Pursuant to Pa.R.C.P. No. 1930.8**

1. My name is \_\_\_\_\_.

2. I am the \_\_\_\_\_ Plaintiff  
 \_\_\_\_\_ Defendant

3. I represent myself in this action.

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

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

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

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

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

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

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

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

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

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

**PETITION FOR CIVIL CONTEMPT OF A  
PROTECTION FROM ABUSE ORDER**

The Plaintiff respectfully represents the following:

1. The Plaintiff is \_\_\_\_\_, who resides at \_\_\_\_\_ (See separate Confidential Information Form)  
\_\_\_\_\_.
2. The Defendant is \_\_\_\_\_, who resides at \_\_\_\_\_  
\_\_\_\_\_.
3. A Temporary Protection from Abuse Order was entered against the Defendant on \_\_\_\_\_ by Judge \_\_\_\_\_ (attached hereto). This Order was served on the Defendant on \_\_\_\_\_ by \_\_\_\_\_  
\_\_\_\_\_.

OR

A Final Protection from Abuse Order was entered against the Defendant on \_\_\_\_\_  
by Judge \_\_\_\_\_ (attached hereto).

4. Since the Protection from Abuse Order was entered, the Plaintiff alleges the Defendant has willfully violated the order by:

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**CONFIDENTIAL  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

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

[www.pacourts.us/public-records](http://www.pacourts.us/public-records)

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Docket/Case No.

Vs.

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Court

This form is associated with the pleading titled \_\_\_\_\_, dated \_\_\_\_\_.

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

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

**CONFIDENTIAL  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

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

**THIS FORM IS CONFIDENTIAL**

**CONFIDENTIAL  
INFORMATION  
FORM**

**THIS FORM IS CONFIDENTIAL**

**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**



**Abuse Victim Addendum**

**Instructions for Completing the Abuse Victim Addendum:** The Abuse Victim Addendum shall accompany a filing where confidential information is being provided by an abuse victim, as defined in this policy, **in family court actions** (see Pa.R.C.P. No. 1931(a)), **as required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter.** This addendum, and any additional pages, shall only be provided to the court and shall remain confidential. The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.

<b>Type of Family Court Action</b>		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage <input type="checkbox"/> Child Custody <input type="checkbox"/> Support <input type="checkbox"/> Paternity <input type="checkbox"/> Protection from Abuse		
<b>This Information Pertains to:</b>	<b>Confidential Information:</b>	<b>References in Filing:</b>
<hr/> <p style="text-align: center;">(full name of abuse victim)</p> <hr/> <p style="text-align: center;">Docket/Case No. of Protection Order</p> <hr/> <p style="text-align: center;">Court/County</p>	<p>AV Address:</p> <hr/> <p>AV Employer's Name &amp; Address:</p> <hr/> <p>AV Work Schedule:</p> <hr/> <p>AV Other contact information:</p> <hr/>	<p>Alternative Reference: AV 1 Address</p> <p>Alternative Reference: AV 1 Employer's Name &amp; Address</p> <p>Alternative Reference: AV 1 Work Schedule</p> <p>Alternative Reference: AV 1 Other contact information</p>

Attach additional page(s) if necessary.



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

**AFFIDVIT OF PERSONAL SERVICE**

I, \_\_\_\_\_, certify that I am a competent adult who is  
 (person serving Defendant)  
 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 Civil Contempt, a copy of the current PFA  
 Order, and Confidential Information Form upon \_\_\_\_\_ by:  
 (Defendant)

- 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: \_\_\_\_\_