

INSTRUCTIONS FOR PRO-SE CUSTODY AND VISITATION ACTIONS

This packet will help you proceed on your own and get an order concerning custody or visitation. The instructions apply to proceedings only in Wyoming and Sullivan Counties. For further instructions, read the Rules of Civil Procedure applicable to custody cases.

Before you begin, read completely each set of instructions.

CHILD(REN) MUST BE RESIDENTS OF WYOMING COUNTY

A. COSTS

There are Court costs which you will be required to pay, unless you ask for and are granted in forma pauperis status.

The first cost is the fee for filing the Custody Complaint with the Court. The filing fee is \$190.75.

There is also a fee for sending a copy of complaint, certified mail, to the other parent. You are responsible for these costs.

There may be a fee for making copies of the complaint. You may be responsible for these copies.

There is also the cost of enrolling in the mandatory education program. ("Kids First" or "Children Cope with Divorce").

You should consider these fees before you go further.

B. COMPLETE THE FORMS:

COMPLAINT FOR CUSTODY-AFFIDAVIT TO FILE FREE OF COST.

To get an order concerning custody or visitation, you must complete the forms in this packet.

The first form is a **Complaint for Custody**. ("Complaint") It gives the court all the facts it needs to start the action. *Children names within this action must be identified by **initials only**.

The second form is the enrollment for the mandatory education program.

The third is an **Application to Proceed In Forma Pauperis and Affidavit**. ("Application") "In Forma Pauperis" is your request to allow the court to let you file free of cost. IFP is determined at a separate hearing before the Court. The Court will require you to bring certain documents to the IFP hearing. If the court approves your application, all court costs and fees are waived. **IF THE COURT DENIES YOUR APPLICATION, YOU WILL BE REQUIRED TO PAY THE FILING FEE.**

Complete these forms entirely. Do not leave any blank spaces.

Some Suggestions:

- (a) You are the Plaintiff. The other parent is the Defendant.
- (b) You must fill in the name of the Plaintiff and the Defendant, and the County where the court is located. The Complaint should be filed in the County where the children live.
- (c) The Complaint and Affidavit are in the forms required by the Courts. Some questions and facts are repeated. All information must be given. All the questions must be answered and a complete address for each party named in the matter MUST be provided.
- (d) If you do not know the answer, mark "Unknown".
- (e) On some questions, you are given two possible answers in parenthesis. Cross out the one that is wrong. Write in the correct answer.
- (f) You MUST give approximate dates and addresses of the past residences of the children.
- (g) The forms MUST be printed in ink or typewritten.

Criminal Record/Abuse History Verification

- This form is for the Plaintiff/Petitioner(so **AND** his or her household. Please make sure to provide all applicable information and sign and date page 7.
- **You must make sure that each Defendant received a copy of the Complaint for Custody, the Order scheduling the Custody Conference and a blank Confidential Criminal Record/Abuse History Affidavit.**

Entry of Appearance of Self-Represented Party

- Complete the caption and all personal information.
- The middle portion (Removal or Withdrawal) should only be completed if applicable.
- Counsel may represent any party at any time.

Confidential Information Form and Certificate of Compliance

- Complete the Confidential Information Form by providing the required information regarding the case caption, docket number and children.
- Sign the Certificate of Compliance regarding confidential information.

C. **FILING AND SERVICE**- Once the papers are completed and properly filled out, they must be filed and served. **READ THE FOLLOWING INSTRUCTIONS COMPLETELY.**

1. FILING.

- (a) The Office of the Prothonotary, or Court Clerk, is on the first floor of the Courthouses in both Wyoming and Sullivan Counties.
- (b) The original and one copy of the Complaint for Custody must be filed in the Prothonotary's Office. The copy will be sent to the Court Administrator by the Prothonotary.

- (c) You should also file an original and one copy of the Affidavit.
- (d) To file, you need to hand the Clerk the papers. They will do the rest.
- (e) You should keep two copies of the complaint- one to serve on other party and one for yourself.

2. FILING FEE.

- (a) You can pay the filing fee at the time you file.
- (b) If you cannot pay the filing fee, the Clerk will send your application to file free of cost to the Judge. The Judge will review your affidavit and decide your request. It may take a week.
- (c) **You MUST give the Clerk a telephone number.** The Clerk will contact you when the Judge decides if you are to be granted In Forma Pauperis status.
- (d) If the Judge denies your request, you will have ten (10) days to pay the filing fee. If you do not pay, the case will be dismissed.

3. SERVICE OF THE COMPLAINT.

- (a) You must give the other party (Parent) legal notice that you have filed for custody. This type of notice is known as “service”.
- (b) Service of all Orders and the Complaint is **your** responsibility. To do so, you **MUST** send the orders and Complaint by **Certified mail, Return receipt requested, to be signed by the ADDRESSEE ONLY.** The addressee **MUST** be the defendant. The Post Office can help you send certified mail.
- (c) Service **MUST** be made within thirty (30) days from the date the Complaint was filed in the Prothonotary Office.

4. PROOF OF SERVICE.

- (a) Service is complete once you have received back the Green Card showing the defendant has received the Complaint.
- (b) After service is made, Complete form – “Certificate of Service”.
- (c) The completed Certificate of Service form must be filed with the Prothonotary Office. The sender’s receipt and green card should be stapled to the Certificate of Service.

D. CONFERENCE AND ORDER.

- (a) You will be notified by mail of the date, time and place of the conference with the court.
- (b) You **MUST** attend the conference.
- (c) The children should not be brought to the conference.
- (d) The other party (Parent) will be notified of the conference. He/She may attend and ask the court for wither custody or visitation.
- (e) The court will attempt to work out a custody arrangement with both parents.
- (f) This is not a hearing. You should not bring a witness. The Court will only talk to the parents or a lawyer representing a parent.

EMPLOYEES OF THE PROTHONOTARY OFFICE ARE NOT PERMITTED TO PROVIDE ANY LEGAL ADVICE.

IN THE COURT OF COMMON PLEAS OF THE 44th JUDICIAL DISTRICT
WYOMING COUNTY BRANCH – CIVIL ACTION – LAW

_____, : NO. _____
Plaintiff

VS.

_____, :
Defendant

COMPLAINT FOR CUSTODY

1. Plaintiff is _____, residing at _____
(name) (Street)

(City) (Zip) (County)

Phone Number: _____

2. Defendant is _____, residing at _____
(name) (Street)

(City) (Zip) (County)

Phone Number: _____

3. Plaintiff seeks _____ of the following child(ren):
(Custody) (Partial Custody/Visitation)

CHILDREN'S INITIALS
ONLY

PRESENT RESIDENCE

AGE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. The child(ren) _____ born out of wedlock.
(was) (was not)

5. The child(ren) is/are presently in the custody of _____
(name)
who resides at _____
(Street) (City) (Zip) (County)

6. During the past five years, the child(ren) have resided with the following persons
and at the following addresses:

Dates (Most recent first)	All addresses where child lived	Parent/person residing with child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Mother of the child(ren) is _____ currently residing at _____
(name)

(Street) (City) (Zip) (County)

She is _____.
(married/divorced/single)

8. Father of the child(ren) is _____ currently residing at _____
(name)

(Street) (City) (Zip) (County)

He is _____.
(married/divorced/single)

9. The relationship of Plaintiff to the child(ren) is that of _____.
(mother) (father)

The Plaintiff currently resides with the following person(s):

(Name)

(Relationship)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. The relationship of Defendant to the child(ren) is that of _____.
(mother) (father)

The Defendant currently resides with the following person(s):

(Name)

(Relationship)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. Plaintiff _____ participated as a party or witness, or in another capacity, in
(has) (has not)
other litigation concerning the custody of the child(ren) in this or another court. The court, term
and number, and its relationship to this action is:

_____.

12. Plaintiff _____ information of a custody proceeding concerning the
(has) (has not)
child(ren) pending in a court of this Commonwealth. The court, term and number, and its
relationship to this action is:

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

14. The best interest and permanent welfare of the child(ren) will be served by granting the
relief requested because (**explain why you should be given custody or visitation**):

(Add an extra sheet if needed, do not write on the back)

15. Each parent whose parental rights to the child(ren) have not been terminated and the
person who has physical custody of the child(ren) have been named as parties to this action. All
other persons, named below, who are known to have or claim a right to custody or visitation of
the child(ren) will be given notice of the pendency of this action and the right to intervene:

Name	Address	Basis of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHEREFORE, Plaintiff requests the Court to grant _____
(CUSTODY) (PARTIAL CUSTODY/VISITATION)

of the children.

16. Plaintiff's current employment or source of income:

_____.

17. Defendant's current employment or source of income:

_____.

18. Criminal Record/Abuse History Verification for Plaintiff and all adults living in Plaintiff's household are attached as Exhibit "A."

19. Defendant is hereby notified to provide the Court with a Criminal Record/Abuse History Verification for all adults residing with Defendant.

I VERIFY THAT THE STATEMENTS MADE IN THIS COMPLAINT 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 Plaintiff Pro-Se

_____,
Plaintiff

VS.

_____,
Defendant

NO: _____

AFFIDAVIT

I, _____, the Plaintiff in the above matter, state
that -
(Check one)

_____ There are no Children born of this marriage who are now under the age of
eighteen (18) years.

_____ The following children born of this marriage are presently under the age of
eighteen (18) years.

CHILDREN- INITIALS ONLY	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I verify that the above statements are true and correct, and are made subject to the penalties of 18 Pa.C.S.A § 4904, relating to unsworn falsification to authorities.

IN THE COURT OF COMMON PLEAS OF THE 44TH JUDICIAL DISTRICT
WOMING COUNTY BRANCH – CIVIL ACTION – LAW

Plaintiff	:	NO. _____
	:	
	:	
VS.	:	
	:	
	:	
Defendant	:	

CERTIFICATE OF SERVICE

I, _____, Plaintiff, certify that on the _____ day of _____, 20____, a true and correct copy of the Complaint for Custody was mailed by certified mail to the Defendant, _____, at Defendants current residence of _____.

Defendant received the Complaint on the _____ day of _____, 20____.

Senders receipt and return card are attached.

Signature of Plaintiff

REGISTRATION FORM

PLEASE ENROLL ME IN THE DIVORCE AND/OR CHILD
CUSTODY EDUCATION PROGRAM.

DOCKET NUMBER: _____

_____ ATTACHED IS MY PAYMENT OF FIFTY
(\$50.00) DOLLARS
(\$50.00 PER PERSON PER CLASS)

(MADE PAYABLE TO: WYOMING COUNTY PROTHOTARY
WYOMING COUNTY COURTHOUSE
TUNKHANNOCK, PA 18657)

_____ I HAVE BEEN GRANTED INFORMA PAUPERIS
STATUS

DATE: _____

SIGNATURE

ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

*****CONFIDENTIAL FORM*****

Plaintiff(s) : IN THE COURT OF COMMON PLEAS
OF WYOMING COUNTY
v. : CIVIL ACTION - - LAW
IN CUSTODY

Defendant(s) : No. _____ OF _____

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

1. Please list ALL members in your household and attach sheets if necessary:

Address: _____

Name	Date of Birth	Relationship to Child/ren

- ☐ 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:

Address: _____

Name	Date of Birth	Relationship to Child/ren

- ☐ 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:

Name	Date of Birth

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 a court has entered an order for limited access, e.g., Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

_____ **NONE**

_____ **YES (SEE THE FOLLOWING)**

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa. C.S. § 2701 (relating to simple assault)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2705 (relating to recklessly endangering another person)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2718 (relating to strangulation)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/>	18 Pa.C.S. § 2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa. C.S. § 2904 (relating to interference with custody of children)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. Ch. 30 (relating to human trafficking)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5533 (relating to cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5543 (relating to animal fighting)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5902(b) or (b.1) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5903(c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/>	18 Pa.C.S. §6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Finding of contempt of a Protection from Abuse order or agreement under 23 Pa.C.S. § 6114.	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14.	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Driving under the influence of drugs or alcohol.	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>		

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		Self	Other household member	Date
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- ☐ 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.e., 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? ☐ Yes ☐ No

- ☐ 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:

5. If you checked a box in (2) or (3) that applies to a 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:

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

Date: _____

Printed Name

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 FORM

Plaintiff(s) : IN THE COURT OF COMMON PLEAS
OF WYOMING COUNTY
v. : CIVIL ACTION - - LAW
IN CUSTODY

Defendant(s) : No. _____ OF _____

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

1. Please list ALL members in your household and attach sheets if necessary:

Address: _____

Name	Date of Birth	Relationship to Child/ren

- ☐ 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:

Address: _____

Name	Date of Birth	Relationship to Child/ren

- ☐ 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:

Name	Date of Birth

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:

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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 a court has entered an order for limited access, e.g., Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

_____ **NONE** _____ **YES (SEE THE FOLLOWING)**

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
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<input type="checkbox"/>	18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2705 (relating to recklessly endangering another person)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2718 (relating to strangulation)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/>	18 Pa.C.S. § 2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa. C.S. § 2904 (relating to interference with custody of children)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. Ch. 30 (relating to human trafficking)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5533 (relating to cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5543 (relating to animal fighting)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5902(b) or (b.1) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 5903(c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/>	18 Pa.C.S. §6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Finding of contempt of a Protection from Abuse order or agreement under 23 Pa.C.S. § 6114.	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14.	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Driving under the influence of drugs or alcohol.	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>		

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		Self	Other household member	Date
----------------------	--	------	------------------------	------

- ☐ 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.e., 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? ☐ Yes ☐ No

- ☐ 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:

5. If you checked a box in (2) or (3) that applies to a 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:

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

Date: _____

Printed Name

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

Self-Represented Party Entry of Appearance

IN THE COURT OF COMMON PLEAS OF WYOMING COUNTY PENNSYLVANIA

_____	:	
Plaintiff	:	No. _____
	:	
v.	:	
	:	
_____	:	___ CUSTODY ___ DIVORCE
Defendant	:	

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY
PURSUANT TO Pa.R.C.P. No. 1930.8**

I, _____, () Plaintiff or () Defendant, represent myself in the
within action.

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

___ Remove _____, Esq., as my attorney of record.

___ Withdraw my appearance for the filing party.

_____ Esq. (Print name) ID# _____

_____ Signature DATE: _____

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

Signature

Telephone number

Address

Fax number

City, State, Zip Code

Date

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.

Self-Represented Party Entry of Appearance

The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.

Box 1: Print the name of the county in which the case is filed.

Box 2: Print the name of plaintiff exactly as is appears on the Complaint.

Box 3: Print the docket number that the office where legal pleadings are filed wrote on Complaint at the time of filing.

Box 4: Print the name of the defendant exactly as is appears on the Complaint.

Box 5: Check whether this is a custody case or a divorce case.

Box 6: Print your name and check whether you are the plaintiff or the defendant.

Box 7: If you were represented by an attorney in this case, and no longer want his or her representation, check here. The attorney may also complete this section.

Box 8: Complete this section with an address and telephone so that you receive court papers, either from the court or from another party. This address does not need to be your home address.

This form must be filed, and a copy sent to all parties and attorneys, including an attorney removed from the case.

IN THE COURT OF COMMON PLEAS OF 1 COUNTY PENNSYLVANIA

2
Plaintiff

v.

4
Defendant

No. 3

5

CUSTODY

5

DIVORCE

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY
PURSUANT TO Pa.R.C.P. No. 1930.8**

I, 6, () Plaintiff or () Defendant, represent myself in the within action.

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

7

Remove _____, Esq., as my attorney of record.

Withdraw my appearance for the filing party.

_____ Esq. (Print name) ID# _____

_____ Signature DATE: _____

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:

8

Print Name _____

Signature _____

Telephone number _____

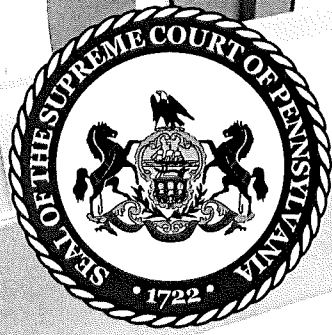
Address _____

Fax number _____

City, State, Zip Code _____

Date _____

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



Protecting Confidential Documents - Here's How

Case Records Public Access Policy of the Unified Judicial System of Pennsylvania **Section 8.0 Confidential Document**

The following documents are confidential and shall be filed with a court or custodian with the Confidential Document Form.

What documents are confidential?

- Financial Source Documents
- Minors' Educational Records
- Medical/Psychological Records
- Children and Youth Services Records
- Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.Civ.P. 1920.33
- Income and Expense Statement as provided in Pa.R.Civ.P. 1910.27(c)
- Agreements between Parties as used in 23 Pa.C.S. § 3105

How do I file with a Confidential Document Form?

The Confidential Document Form and detailed filing instructions can be found on the website or QR Code at the bottom of this page. The Confidential Document Form is not required in cases (e.g. juvenile, adoption) that are sealed or exempted from public access pursuant to applicable authority.

Parties and their attorneys shall be solely responsible for complying with the provisions of the policy and shall certify their compliance to the court. A certification is included on the Confidential Document Form, stating: "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."

Confidential documents submitted with the Confidential Document Form shall not be accessible to the public, except as ordered by a court. However, the Confidential Document Form or a copy of it shall be accessible to the public.

What else do I need to know?

- A court or custodian is not required to review or redact any filed document for compliance with this section. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.
- If a filed document fails to comply with the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed; a magisterial district court may do so upon request or its own initiative.
- A court of record may impose sanctions for failure to comply.

For more information: Visit <https://www.pacourts.us/public-records/public-records-policies>



CONFIDENTIAL INFORMATION FORM



Instructions for Completing the Confidential Information Form

The following information is confidential and 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. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
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.Civ.P. 1931(a), except for victim's name. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.Civ.P. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.Civ.P. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **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.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof; a magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

CONFIDENTIAL INFORMATION FORM



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania
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 *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, 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:
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ _____ (full name of minor) and date of birth: _____	Social Security Number (SSN): _____ Financial Account Number (FAN): _____ Driver License Number (DLN): _____ State of Issuance: _____ State Identification Number (SID): _____	Alternative Reference: SSN 1 Alternative Reference: FAN 1 Alternative Reference: DLN 1 Alternative Reference: SID 1
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ _____ (full name of minor) and date of birth: _____	Social Security Number (SSN): _____ Financial Account Number (FAN): _____ Driver License Number (DLN): _____ State of Issuance: _____ State Identification Number (SID): _____	Alternative Reference: SSN 2 Alternative Reference: FAN 2 Alternative Reference: DLN 2 Alternative Reference: SID 2

**CONFIDENTIAL
INFORMATION
FORM**



Additional page(s) attached. _____ total pages are attached to this filing.

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 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.

**CONFIDENTIAL
INFORMATION
FORM**



Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<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 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>_____ (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 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>_____ (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 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>

**CONFIDENTIAL
INFORMATION
FORM**



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.Civ.P. 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.

Type of Family Court Action		
<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
This Information Pertains to:	Confidential Information:	References in Filing:
_____	AV Address:	Alternative Reference: AV 1 Address
(full name of abuse victim)	_____	
	AV Employer's Name & Address:	Alternative Reference: AV 1 Employer's Name & Address

Docket/Case No. of Protection Order	AV Work Schedule:	Alternative Reference: AV 1 Work Schedule

Court/County	AV Other contact information:	Alternative Reference: AV 1 Other contact information

Attach additional page(s) if necessary.

**CONFIDENTIAL
INFORMATION
FORM**



Abuse Victim Addendum
Additional page (if necessary)

Type of Family Court Action		
<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
This Information Pertains to:	Confidential Information:	References in Filing:
<div>_____</div> <div>(full name of abuse victim)</div> <div>_____</div> <div>Docket/Case No. of Protection Order</div> <div>_____</div> <div>Court/County</div>	<div>AV Address:</div> <div>_____</div> <div>AV Employer's Name & Address:</div> <div>_____</div> <div>AV Work Schedule:</div> <div>_____</div> <div>AV Other contact information:</div> <div>_____</div>	<div>Alternative Reference:</div> <div>AV __ Address</div> <div>Alternative Reference:</div> <div>AV __ Employer's Name & Address</div> <div>Alternative Reference:</div> <div>AV __ Work Schedule</div> <div>Alternative Reference:</div> <div>AV __ Other contact information</div>

Type of Family Court Action		
<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
This Information Pertains to:	Confidential Information:	References in Filing:
<div>_____</div> <div>(full name of abuse victim)</div> <div>_____</div> <div>Docket/Case No. of Protection Order</div> <div>_____</div> <div>Court/County</div>	<div>AV Address:</div> <div>_____</div> <div>AV Employer's Name & Address:</div> <div>_____</div> <div>AV Work Schedule:</div> <div>_____</div> <div>AV Other contact information:</div> <div>_____</div>	<div>Alternative Reference:</div> <div>AV __ Address</div> <div>Alternative Reference:</div> <div>AV __ Employer's Name & Address</div> <div>Alternative Reference:</div> <div>AV __ Work Schedule</div> <div>Alternative Reference:</div> <div>AV __ Other contact information</div>

CONFIDENTIAL DOCUMENT FORM



Instructions for Completing the Confidential Document Form

The following documents are confidential and shall be filed with a court or custodian with the "Confidential Document Form":

1. Financial Source Documents as listed on the form
2. Minors' educational records
3. Medical/Psychological records are defined as "records relating to the past, present, or future physical or mental health or condition of an individual"
4. Children and Youth Services' records
5. Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.Civ.P. 1920.33
6. Income and Expense Statement as provided in Pa.R.Civ.P. 1910.27(c)
7. Agreements between the parties as used in 23 Pa.C.S. § 3105

For each confidential document, list the paragraph, page, etc. where the document is referenced in the filing. Please note, this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.)

- **Please only attach documents necessary for the purposes of this case.**
- Complete the entire form and check all that apply.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party's or attorney's failure to comply shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed; a magisterial district court may do so upon request or its own initiative. A court of record may impose sanctions for failure to comply.

CONFIDENTIAL DOCUMENT FORM



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania

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 *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Document Form shall accompany a filing where a confidential document is required by law, ordered by the court, or is otherwise necessary to effect the disposition of a matter. This form shall be accessible to the public, however the documents attached shall not be publicly accessible, except as ordered by a court. The documents attached will be available to the parties, counsel of record, the court, and the custodian.

Please only attach documents necessary for the purposes of this case. Complete the entire form and check all that apply. This form and any additional pages must be served on all unrepresented parties and counsel of record.

Type of Confidential Document	Paragraph, page, etc. where the confidential document is referenced in the filing:
<input type="checkbox"/> Financial Source Documents	
<input type="checkbox"/> Tax Returns and schedules	
<input type="checkbox"/> W-2 forms and schedules including 1099 forms or similar documents	
<input type="checkbox"/> Wage stubs, earning statements, or other similar documents	
<input type="checkbox"/> Credit card statements	
<input type="checkbox"/> Financial institution statements (e.g., investment/bank statements)	
<input type="checkbox"/> Check registers	
<input type="checkbox"/> Checks or equivalent	
<input type="checkbox"/> Loan application documents	
<input type="checkbox"/> Minors' educational records	
<input type="checkbox"/> Medical/Psychological records	
<input type="checkbox"/> Children and Youth Services' records	
<input type="checkbox"/> Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.Civ.P. 1920.33	
<input type="checkbox"/> Income and Expense Statement as provided in Pa.R.Civ.P. 1910.27(c)	
<input type="checkbox"/> Agreements between the parties as used in 23 Pa.C.S. § 3105	

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 Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

IN THE COURT OF COMMON PLEAS OF THE 44th JUDICIAL DISTRICT
WYOMING COUNTY BRANCH – CIVIL ACTION – LAW

_____, : NO. _____
Plaintiff

VS. :

_____, :
Defendant :

APPLICATION TO PROCEED IN FORMA PAUPERIS

Kindly allow _____ in the above-captioned
matter to proceed in Forma Pauperis based upon the attached affidavit.

I believe I am unable to pay the costs involved in this case.

Signature Proceeding pro se
(If not signed your application will be denied)

ORDER

AND NOW, this _____ day of _____;
_____, upon consideration of the attached application to proceed in Forma Pauperis
and the income affidavit, the same is **GRANTED/DENIED**.

By the Court,

RUSSELL D. SHURTLEFF, President Judge

IN THE COURT OF COMMON PLEAS OF THE 44th JUDICIAL DISTRICT
WYOMING COUNTY BRANCH – CIVIL ACTION – LAW

_____, : NO. _____
Plaintiff

VS. :

_____, :
Defendant :

**AFFIDAVIT FOR LEAVE TO
PROCEED IN FORMA PAUPERIS**

1. I am the (Plaintiff) (Defendant) in the above matter and because of my financial condition am unable to pay the fees and costs of 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: _____
PHONE NUMBER: _____
- b. EMPLOYMENT: If you are presently employed, state
Employer: _____
Address: _____
Yearly or Monthly Gross Salary (**ONLY**)(please specify): _____
(No hourly amounts (example \$8.00 per hour) or your application will be automatically denied)
Type of work: _____
- bb. Yearly Gross Income of any other individuals who currently reside with you and their relationship to you:

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: _____
Child Support payments received: _____
Child Support payments paid out: _____
Disability payments: _____
Unemployment compensation and supplemental
benefits: _____
Workman's compensation: _____
Public assistance: _____
Other: _____

- d. Other contributions to household support
(Wife) (Husband) Name: _____
If your (wife) (husband) is employed, state
Employer: _____
Salary or wages per month: _____
Type of work: _____
Contributions from children: _____
Contributions from parents: _____
Other contributions: _____
- e. Property owned
Cash: _____
Checking Account – balance only: _____
Savings Account – balance only: _____
Certificate of deposit – balance only: _____
Real estate (including home): _____
Motor vehicle: Make _____, Year _____, Cost _____,
Amount owed \$ _____
Stocks: _____ Bonds: _____
Other: _____
- f. Debts and obligations
Mortgage: _____
Rent: _____
Loans: _____
Other: _____

g. Persons dependent upon you for support
(Wife) (Husband) Name: _____

Children – initials only, if any:

_____	Age: _____	Reside: full or part time
_____	Age: _____	Reside: full or part time
_____	Age: _____	Reside: full or part time
_____	Age: _____	Reside: full or part time
_____	Age: _____	Reside: full or part time
_____	Age: _____	Reside: full or part time

(Please specify if each child resides with you on a full time or part time basis)

Other persons:

Name: _____

Relationship: _____

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. Section 4904, relating to unsworn falsification to authorities.

Signature Proceeding pro se
(If not signed your application will be denied)