

**INSTRUCTIONS FOR PETITION FOR CONTEMPT
FOR FAILURE TO COMPLY WITH CUSTODY ORDER**

These instructions will help you file and set up a hearing with the Court for contempt of a current custody order.

BEFORE you begin, read these instructions completely.

COSTS

There is a filing fee of \$20.00 for this Petition. There is also a fee for making copies of the petition. You are responsible for these copies. You must pay the fee at the time of filing.

The Petition for Contempt must be in compliance with the Public Access Policy of the Unified Judicial System of Pennsylvania. THIS MEANS THE PETITION CANNOT CONTAIN THE FULL NAMES OF MINORS OR THEIR DATES OF BIRTH. THE REQUIRED CONFIDENTIAL INFORMATION FORM, WITH INSTRUCTIONS, IS INCLUDED IN THIS PACKET. THE INSTRUCTIONS MUST BE FOLLOWED AND THE INCLUDED CERTIFICATION SIGNED BY THE FILING PARTY ACKNOWLEDGING THEIR COMPLIANCE.

The Confidential Information Form must be filed together with the Petition for Contempt, and a copy provided to the opposing party.

Completing the forms:

Petition – fill it out completely and do not leave any blank spaces. You are the filing party (Petitioner). The other party is the Respondent.

In the top right, write the same civil number as the latest Court Order.

Fill in the current address for both parties.

For #3 – write in the date of the most recent Court Order regarding Custody. You must attach a copy of the most recent custody Order.

For #4 – you must attach a completed Criminal Record/Abuse History Verification Form.

For #5 – Explain briefly by listing the facts which you believe show a willful failure to comply with the Order.

Sign your name at the bottom. You are proceeding “pro se.” This means you are acting on your own and have no attorney.

Filing & Service:

Once the papers are completed, they must be filed and served. **Read the following thoroughly:**

Preparing to File:

You will need the original and two (2) copies of the Petition for Contempt, along with one copy of the Order. Each Petition must have attached the most recent Custody Order, the Confidential Information Form and the Criminal Record/Abuse History Verification. You must also attach a blank Criminal Record/Abuse History Verification for the other party.

Filing:

Bring the Petition to the Prothonotary's Office. Provide your documents to the Clerk, along with the filing fee (\$20.00). If you do not have the proper amount of copies, the Clerk can make them for a fee.

After the filing fee is paid, the Clerk will return one copy of the Petition to you for service upon the opposing party.

The Petition will be sent to the Court to be scheduled for a hearing. Once the hearing is scheduled, a copy of the Order will be sent to you and the opposing party. (A current address **must** be provided for both parties).

Service of Petition:

You must give the other party notice that you have filed the Petition. Service of the Petition is your responsibility.

You must send a copy of the Petition by:

Certified Mail: the addressee must be to the Respondent, return receipt requested, restricted delivery to be signed by the Addressee Only. The Post Office can help you send Certified Mail.

Personal Service: by an individual 18 years of age or older who is neither a party to the action nor an employee or a relative of a party who will fill in and sign the Affidavit of Service.

Acceptance of Service: by handing a copy to the Respondent and having the Respondent fill in and sign the Acceptance of Service form.

Proof of Service:

After service is made, complete the Certificate of Service explaining how service was made on the other party and file it with the Prothonotary:

Certificate of Service with mailing receipt attached (for certified mail) OR

Affidavit of Service (for personal service by another adult individual) OR

Acceptance of Service (hand delivered with Respondent's signature).

Once you receive the green card back from the certified mail, put your case number on the card and bring it to the Prothonotary's Office to be attached to the Certificate of Service previously filed.

PLEASE NOTE: The Prothonotary does not review petitions for accuracy, nor can we assist in completing said form or offer any legal advice. We strongly recommend you contact an attorney.

VERIFICATION

I, _____, verify that the statements made in this Petition are true and correct to the best of my knowledge, information and belief. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Petitioner

Date: _____

**IN THE COURT OF COMMON PLEAS OF WYOMING COUNTY, PENNSYLVANIA
CIVIL DIVISION**

<i>(Plaintiff)</i>	:	
vs.	:	Case No.: CV- _____ -20 _____
	:	
<i>(Defendant)</i>	:	

CERTIFICATE OF SERVICE

I _____, Petitioner herein, hereby certify that on the ____ day of _____, 20____, I did deliver for mailing at the U.S. Post Office a true and correct copy of the foregoing Petition for Contempt to be served upon the following by Certified Mail, postage prepaid:

The white copy of the receipt of service, along with the green card is attached hereto.

Petitioner

**IN THE COURT OF COMMON PLEAS OF WYOMING COUNTY, PENNSYLVANIA
CIVIL DIVISION**

<i>(Plaintiff)</i>	:	
vs.	:	Case No.: CV- _____ -20 _____
	:	
<i>(Defendant)</i>	:	

ORDER

AND NOW, this _____ day of _____, 20____, upon consideration of the foregoing Petition for Contempt,

IT IS ORDERED AND DECREED that a hearing on said Petition is scheduled to take place on the _____ day of _____, 20____ at _____ o'clock, Courtroom No. _____, Wyoming County Courthouse, Tunkhannock, Pennsylvania.

BY THE COURT:

P.J.

**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:
<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 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>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 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

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



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**



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:
_____ (full name of abuse victim) _____ Docket/Case No. of Protection Order _____ Court/County	AV Address: _____ AV Employer's Name & Address: _____ AV Work Schedule: _____ AV Other contact information:	Alternative Reference: AV 1 Address Alternative Reference: AV 1 Employer's Name & Address Alternative Reference: AV 1 Work Schedule Alternative Reference: AV 1 Other contact information

Attach additional page(s) if necessary.

**WHEN AND HOW TO FILE
CRIMINAL RECORD AND ABUSE HISTORY VERIFICATION**

When did this form go into effect?	September 2013
Who must file this form?	Anyone who files a "Complaint for Custody" or a "Petition for Modification of Custody Order"
Whose criminal record and abuse history must be reported?	If you are the person filing the custody pleading, you must complete the form for yourself, and ALSO for anyone else who lives in your household
Where and when do I file this form?	You need to file a COMPLETED form at the same time and place where you file your custody complaint or petition.
Will I need copies?	Yes. You will need copies of both your COMPLETED form and the BLANK form. Be sure to make copies before filing.
Do I have to give a copy to the opposing party?	You must give copies of BOTH your COMPLETED form AND the BLANK form to the opposing party. The BLANK form must be stapled to your complaint or petition when you serve (give a copy to) the opposing party. You should serve a copy of your COMPLETED form on the opposing party as a separate document.
Do I need a copy for myself?	Yes. It's always a good idea to keep a copy of all the legal documents you file.
What should the opposing party do with the BLANK form?	He or she must complete the form about themselves and anyone who lives in their household. They must file their completed form where custody pleadings are filed, and must file it before the first custody hearing or conference (or within 30 days after being served, whichever is earlier.)
What does the Court do with the completed forms?	The Court will use the information to decide whether anyone poses a threat to the children or whether anyone needs a mental health evaluation or counseling.

eff. 2013-09-03

Sometimes the law and procedures change.
North Penn Legal Services cannot promise that this information is always up-to-date and correct.
We provide this information as a public service. It is not legal advice.
Always consult a lawyer, if you can, before taking legal action.



IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA
 FAMILY COURT - CIVIL DIVISION

Plaintiff	:	
vs.	:	No.
	:	
	:	
Defendant	:	IN CUSTODY

Criminal Record and Abuse History Verification

I, _____ (print name), Plaintiff / Defendant (circle one), hereby swear or affirm, subject to penalties of law including 18 Pa.C.S.A. §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 member of my household have been convicted, pled guilty or 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 (or related crime)	Self	Other household member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	Criminal homicide (murder or manslaughter) (18 Pa.C.S. Ch. 25)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Aggravated assault (18 Pa.C.S. §2702)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Terroristic threats (18 Pa.C.S. §2706)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Stalking (18 Pa.C.S. §2709.1)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Kidnapping (18 Pa.C.S. §2901)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Unlawful restraint (18 Pa.C.S. §2902)	<input type="checkbox"/>	<input type="checkbox"/>		

Check all that apply	Crime (or related crime)	Self	Other household member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	False imprisonment (18 Pa.C.S. §2903)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Luring a child into a motor vehicle or structure (18 Pa.C.S. §2910)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Rape (18 Pa.C.S. §3121)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Statutory sexual assault (involving a minor) (18 Pa.C.S. §3122.1)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Involuntary deviate sexual assault (18 Pa.C.S. §3123)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual assault (18 Pa.C.S. §3124.1)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Aggravated indecent assault (18 Pa.C.S. §3125)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Indecent assault (18 Pa.C.S. §3126)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Indecent exposure (18 Pa.C.S. §3127)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual intercourse with an animal (18 Pa.C.S. §3129)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Conduct relating to sex offenders (18 Pa.C.S. §3130)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Arson and related offenses (18 Pa.C.S. §3301)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Incest (18 Pa.C.S. §4302)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Concealing death of a child (18 Pa.C.S. §4303)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Endangering the welfare of children (18 Pa.C.S. §4304)	<input type="checkbox"/>	<input type="checkbox"/>		

Check all that apply	Crime (or related crime)	Self	Other household member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	Trading, bartering, buying, selling or dealing in infant children (18 Pa.C.S. §4305)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Prostitution and related offenses (18 Pa.C.S. §5902(b))	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Obscene and other sexual materials and performances (18 Pa.C.S. §5903(c) or (d))	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Corruption of a minor (18 Pa.C.S. §6301)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual abuse of a child (18 Pa.C.S. §6312)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Unlawful contact with a minor (18 Pa.C.S. §6318)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual exploitation of a child (18 Pa.C.S. §6320)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Contempt for violation of a Protection from Abuse Order or Agreement (23 Pa.C.S. §6114)	<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"/>		

2. Unless indicated by my checking the box next to an item below, neither I nor any other member of my household have a history of violent or abusive conduct including the following:

Check all that apply	Crime	Self	Other household member	Date
<input type="checkbox"/>	A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	

Check all that apply	Crime	Self	Other household member	Date
<input type="checkbox"/>	Abusive conduct as defined under the Protection from Abuse Act (PFA) in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	

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 that 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.

Date: _____

(Signature)

(Print name)