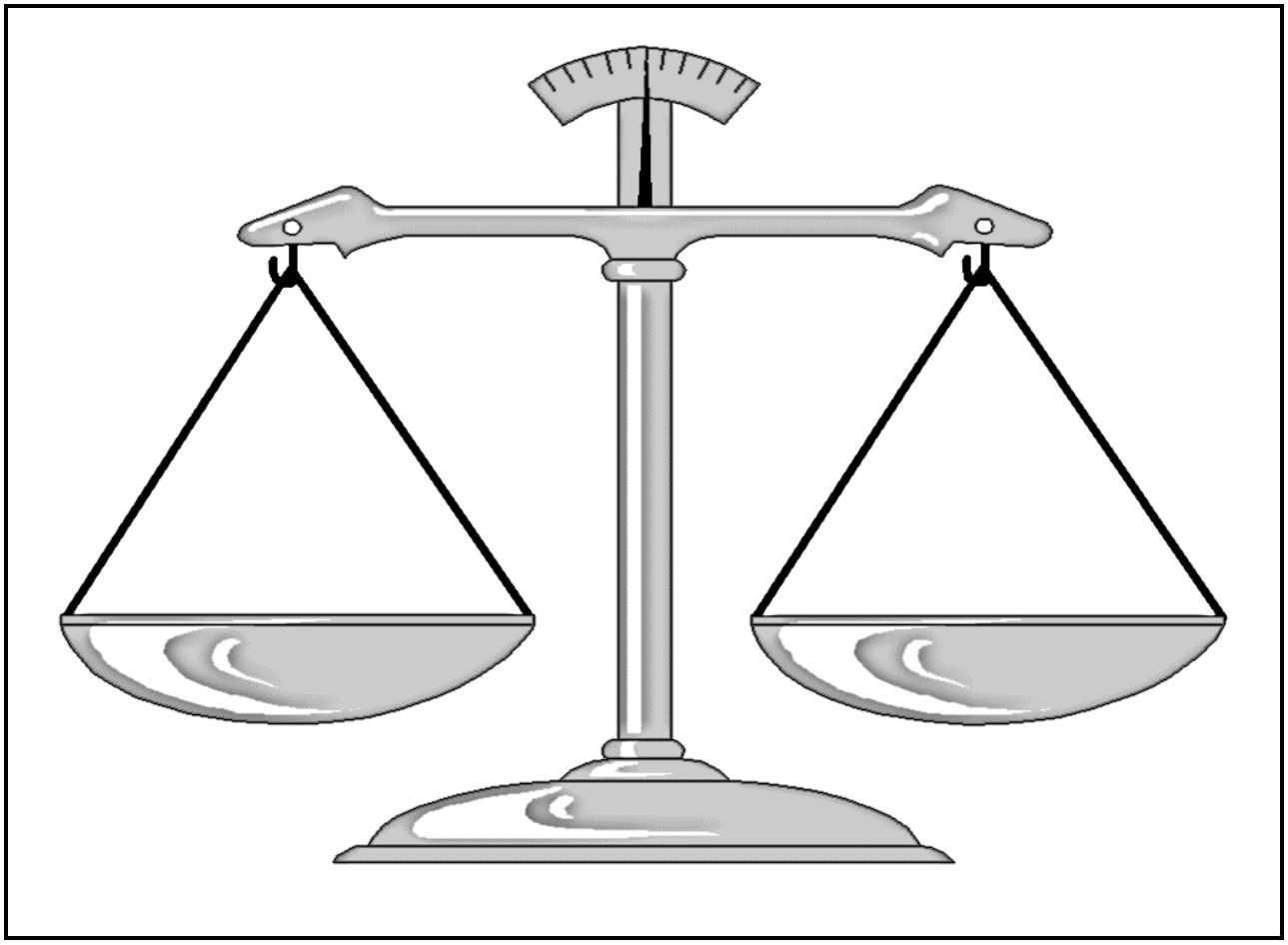

# LYCOMING COUNTY
# CONTEMPT OF
# CUSTODY ORDER
# SELF-HELP KIT
## Forms

**REMEMBER**

***The law often changes. Each case is different. This self-help kit is meant to give you general information and not give you specific legal advice.***

# CONTEMPT OF CUSTODY ORDER

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

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

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

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

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

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

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

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

# THE CONTEMPT OF CUSTODY PROCESS

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

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

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

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

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

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

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

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

# CONTEMPT OF CUSTODY ORDER

## PART ONE: INSTRUCTIONS

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

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

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

**2. SECOND FORM – ORDER AND NOTICE**

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

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

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

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

Complete the caption as on your custody order.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In order to file a contempt petition, there is a fee that must be paid to the Prothonotary.

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

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

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

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

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

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

## COPIES

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

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

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

**COPY FEES WILL NOT BE WAIVED and the cost of copies in the Office of the Prothonotary/ Clerk of Courts is $0.25 per page.**

# HOW TO FILE THE PETITION FOR CONTEMPT

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

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

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

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

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

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

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

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

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

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

# HOW TO SERVE THE OTHER PARTY

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

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

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

## CERTIFIED MAIL AND REGULAR MAIL:

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

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

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

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

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

**PERSONAL SERVICE:**

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

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

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

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

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

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

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

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

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

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

# Protecting Confidential Information - Here's How

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

## Confidential Information

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

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

## Confidential Documents

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

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

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

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

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

# CONTEMPT OF CUSTODY ORDER

## PART TWO: FORMS

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

| | | |
|---|---|---|
| _____, | : | Docket No: |
| Plaintiff | : | |
| | : | Case Assigned to Judge _____ |
| vs. | : | □ None |
| | : | □ Family Court Hearing Officer |
| _____, | : | |
| Defendant | : | |

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

| | |
|---|---|
| 4. The following is/are requested:<br>_____ Argument<br>_____ Evidentiary Hearing<br>_____ Court Conference<br>_____ Rule to Show Cause<br>_____ Entry of Uncontested Order<br>(attach supporting documentation)<br>_____ Expedited Consideration. State the basis:<br>_____<br>_____ Video conferencing requested. Request form has been submitted. See Lyc. Co. R.G.C.B. L8.<br>_____ Attach this cover sheet to original motion previously filed on: _____<br><br>5. Time Required: _____ | 6. Name and addresses of all counsel of record and unrepresented parties:<br><br>____ Continued on a Separate Sheet. |

**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.

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

**NOTICE AND ORDER TO APPEAR**

Legal proceedings have been brought against you alleging that you have willfully disobeyed an Order of Court for custody.

If you wish to defend against the claim set forth in the following pages, you may but are not required to file in writing with the Court your defenses or objections.

Whether or not you file in writing with the court your defenses or objections, you must appear in person in court on the _____ day of _____, 20___, at _____ o'clock ____.M., in Courtroom No. ____, Lycoming County Courthouse, 48 West Third Street, Williamsport, Pennsylvania.

**IF YOU DO NOT APPEAR IN PERSON, THE COURT MAY ISSUE A WARRANT FOR YOUR ARREST.**

If the Court finds that you have willfully failed to comply with its Order, you may be found to be in contempt of court and committed to jail, fined, or both.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE ONE OF THE OFFICES SET FORTH BELOW. THESE OFFICES CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THESE OFFICES MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.**

| **If you do not have a lawyer contact:** | **If you cannot afford a lawyer, you may be eligible for legal aid through:** |
|---|---|
| **Pennsylvania Bar Association**<br>**Lawyer Referral Service**<br>**100 South Street, P.O. Box 186**<br>**Harrisburg, PA 17108-0186**<br>**(800) 692-7375** | **North Penn Legal Services**<br>**25 West Third Street, Suite 400**<br>**Williamsport, PA 17701**<br>**(570) 323-8741** |

BY THE COURT,

Date: _____ _____

J.

**AMERICANS WITH DISABILITIES ACT OF 1990**

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

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

# ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY

**Pursuant to Pa.R.C.P. No. 1930.8**

1. My name is _____.

2. I am the _____ Plaintiff
_____ Defendant

3. I represent myself in this action.

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

_____ Remove _____, Esquire as my attorney of record.

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

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

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

Print Name: _____ Date: _____

Signature: _____ Telephone Number: _____

Address: _____

Email: _____

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

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

**PETITION FOR CIVIL CONTEMPT FOR DISOBEDIENCE OF A CUSTODY OR VISITATION ORDER**

Petitioner respectfully represents:

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

_____
(your name, address, and phone number)

_____

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

_____

3. On _____ (date), Judge _____ (Judge name), entered an Order awarding Petitioner (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised visitation) of the minor child(ren): **IDENTIFY EACH CHILD BY INITIALS ONLY—DO NOT WRITE THE NAME OR BIRTH DATE**

| INITIALS OF CHILD | CHILD'S AGE |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

A copy of the Order is attached hereto as Exhibit A.

4. The Respondent has willfully failed to abide by that order in that (describe contempt)

_____

_____

_____

_____

_____.

5. Pursuant to Local Rule L1915.12: (check one)

   _____ Petitioner has attempted to resolve this matter without resort to the Court.

   _____ Petitioner has special circumstances which would cause harm or prejudice to Petitioner if Petitioner attempted to resolve the matter without going to Court.

   These efforts and/or circumstances are described in a Certification attached as

   "Exhibit B."

6. I have attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No. 1915.302.

WHEREFORE, Petitioner requests that Respondent be held in contempt of court.

I verify that the statements made in this Petition for Contempt are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. §4904 relating to unsworn falsification to authorities.

Date: _____ Your Signature: _____

**CERTIFICATION OF ATTEMPT TO RESOLVE CONTEMPT** **Exhibit B p. 1**

Check either (a) or (b):

(a) _____ The opposing party is/is not represented by an attorney.
(circle one)
I wrote the attorney/opposing party about the conduct which I believe to be
(circle one)
Contempt of the Order. I warned the attorney/opposing party in writing that a
(circle one)
Contempt Petition would be filed unless steps were offered to correct the

contempt.

The checked paragraph indicates the result of my contact:

□ The opposing party/attorney has refused to offer any corrective action.
(circle one)

□ The opposing party/attorney offered the following corrective action:

_____
(state the offer)
_____

_____

But the offer did not resolve the contempt because:

_____
(state why this would not resolve the action)
_____

_____

□ Corrective steps were offered by the opposing party/attorney but they were not followed through within a reasonable period of time.

(b) _____ Due to special circumstances: _____
(list special circumstances)

_____

_____

An attempt to resolve the matter without filing a Petition for Contempt is likely to cause harm or prejudice to me. The reason(s) this would cause me serious harm or prejudice is/are: _____

_____

_____

I verify that the statements in the foregoing are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

_____ _____
Date Pro Se Petitioner

_____
_____
_____
(your address)

Date: _____

_____
_____
_____
_____
(address of the attorney for the opposing party.) (If the opposing party does not have an attorney, insert the opposing party's address.)

RE: Filing for Contempt of Court
Case Caption and No. _____

Dear _____:
(attorney/opposing party)

Please be advised that the Custody Order in the above matter has been violated and/or continues to be violated by _____. _____ has
(opposing party) (opposing party)
willfully disobeyed the Court Order as follows:

_____
_____
_____.

You are warned and advised that failure to offer sufficient corrective steps in a timely manner will result in my filing a Petition for Contempt of Court without further notice to you.

Please contact me upon receipt of this letter to advise me of your intentions. Thank you for your attention to this matter.

Sincerely,

_____
_____
_____
_____
(your name, address, and phone number)

_____ Sent by Certified Mail/Return Receipt Requested

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

***PLAINTIFF CRIMINAL RECORD/ABUSE HISTORY VERIFICATION***

I, _____, hereby swear or affirm, subject to penalties of law including 18 Pa.C.S.§4904 relating to unsworn falsification to authorities that:

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

| *Name* | *Date of Birth* | *Address* | *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:

| *Name* | *Date of Birth* | *Address* | *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 court has entered an order for limited access, *e.g.*, Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2:

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

| Check all that apply | Crime | Self | Other household member | Date of conviction, guilty plea, no contact plea, or pending charges | Sentence |
|---|---|---|---|---|---|
| | 18 Pa.C.S. §2718 (relating to strangulation) | | | | |
| | 18 Pa.C.S. §2901 (relating to kidnapping) | | | | |
| | 18 Pa.C.S. §2902 (relating to unlawful restraint) | | | | |
| | 18 Pa.C.S. §2903 (relating to false imprisonment) | | | | |
| | 18 Pa.C.S. §2704 (relating to interference with custody of children) | | | | |
| | 18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure) | | | | |
| | 18 Pa.C.S. Ch. 30 (relating to human trafficking) | | | | |
| | 18 Pa.C.S. §3121 (relating to rape) | | | | |
| | 18 Pa.C.S. §3122.1 (relating to statutory sexual assault) | | | | |
| | 18 Pa.C.S. §3123 (relating to involuntary deviate sexual intercourse) | | | | |
| | 18 Pa.C.S. §3124.1 (relating to sexual assault) | | | | |
| | 18 Pa.C.S. §3125 (relating to aggravated indecent assault) | | | | |
| | 18 Pa.C.S. §3126 (relating to indecent assault) | | | | |
| | 18 Pa.C.S. §3127 (relating to indecent exposure) | | | | |
| | 18 Pa.C.S. §3129 (relating to sexual intercourse with animal) | | | | |
| | 18 Pa.C.S. §3130 (relating to conduct relating to sex offenders) | | | | |
| | 18 Pa.C.S. §3301 (relating to arson and related offenses) | | | | |

| Check all that apply | Crime | Self | Other household member | Date of conviction, guilty plea, no contact plea, or pending charges | Sentence |
|---|---|---|---|---|---|
| | 18 Pa.C.S. §4302 (relating to incest) | | | | |
| | 18 Pa.C.S. §4303 (relating to concealing death of child) | | | | |
| | 18 Pa.C.S. §4305 (relating to dealing in infant children) | | | | |
| | 18 Pa.C.S. §5533 (relating to cruelty to animal) | | | | |
| | 18 Pa.C.S. §5534 (relating to aggravated cruelty to animal) | | | | |
| | 18 Pa.C.S. §5543 (relating to animal fighting) | | | | |
| | 18 Pa.C.S. §5544 (relating to possession of animal fighting paraphernalia) | | | | |
| | 18 Pa.C.S. §5902(b) or (b.1) (relating to prostitution and related offenses) | | | | |
| | 18 Pa.C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances) | | | | |
| | 18 Pa.C.S. §6301 (relating to corruption of minors) | | | | |
| | 18 Pa.C.S. §6312 (relating to sexual abuse of children) | | | | |
| | 18 Pa.C.S. §6318 (relating to unlawful contact with minor) | | | | |
| | 18 Pa.C.S. §6320 (relating to sexual exploitation of children) | | | | |
| | Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14 | | | | |

| Check all that Apply | Crime | Self | Other household member | Date of conviction, guilty plea, no contact plea, or pending charges | Child |
|---|---|---|---|---|---|
| | Driving under the influence of drugs or alcohol | | | | |
| | Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device | | | | |

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

| Check all that Apply | Crime | Self | Household Member | Child |
|---|---|---|---|---|
| | Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.<br><br>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.<br><br>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.<br><br>What jurisdiction? _____<br>Is the case active? _____ | | | |

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

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

_____

_____

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

_____

_____

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

_____

_____

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

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

_____

Signature

_____

Printed Name

_____

Date

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

_____

Signature of filer

_____

Printed Name

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

***DEFENDANT CRIMINAL RECORD/ABUSE HISTORY VERIFICATION***

I, _____, hereby swear or affirm, subject to penalties of law including 18 Pa.C.S.§4904 relating to unsworn falsification to authorities that:

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

| *Name* | *Date of Birth* | *Address* | *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:

| *Name* | *Date of Birth* | *Address* | *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* |
|---|---|
| | |
| | |
| | |
| | |

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

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

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

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

| Check all that apply | Crime | Self | Other household member | Date of conviction, guilty plea, no contact plea, or pending charges | Sentence |
|---|---|---|---|---|---|
| | 18 Pa.C.S. §2718 (relating to strangulation) | | | | |
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| | 18 Pa.C.S. §2903 (relating to false imprisonment) | | | | |
| | 18 Pa.C.S. §2704 (relating to interference with custody of children) | | | | |
| | 18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure) | | | | |
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| | 18 Pa.C.S. §3130 (relating to conduct relating to sex offenders) | | | | |
| | 18 Pa.C.S. §3301 (relating to arson and related offenses) | | | | |

| Check all that apply | Crime | Self | Other household member | Date of conviction, guilty plea, no contact plea, or pending charges | Sentence |
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| | 18 Pa.C.S. §4303 (relating to concealing death of child) | | | | |
| | 18 Pa.C.S. §4305 (relating to dealing in infant children) | | | | |
| | 18 Pa.C.S. §5533 (relating to cruelty to animal) | | | | |
| | 18 Pa.C.S. §5534 (relating to aggravated cruelty to animal) | | | | |
| | 18 Pa.C.S. §5543 (relating to animal fighting) | | | | |
| | 18 Pa.C.S. §5544 (relating to possession of animal fighting paraphernalia) | | | | |
| | 18 Pa.C.S. §5902(b) or (b.1) (relating to prostitution and related offenses) | | | | |
| | 18 Pa.C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances) | | | | |
| | 18 Pa.C.S. §6301 (relating to corruption of minors) | | | | |
| | 18 Pa.C.S. §6312 (relating to sexual abuse of children) | | | | |
| | 18 Pa.C.S. §6318 (relating to unlawful contact with minor) | | | | |
| | 18 Pa.C.S. §6320 (relating to sexual exploitation of children) | | | | |
| | Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14 | | | | |

| Check all that Apply | Crime | Self | Other household member | Date of conviction, guilty plea, no contact plea, or pending charges | Child |
|---|---|---|---|---|---|
| | Driving under the influence of drugs or alcohol | | | | |
| | Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device | | | | |

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

| Check all that Apply | Crime | Self | Household Member | Child |
|---|---|---|---|---|
| | Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.<br><br>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.<br><br>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.<br><br>What jurisdiction? _____<br>Is the case active? _____ | | | |

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

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

_____

_____

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

_____

_____

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

_____

_____

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

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

_____

Signature

_____

Printed Name

_____

Date

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

_____

Signature of filer

_____

Printed Name

**CONFIDENTIAL INFORMATION FORM**

**APPELLATE/TRIAL COURT CASE RECORDS**

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

www.pacourts.us/public-records

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

**CONFIDENTIAL INFORMATION FORM**

**APPELLATE/TRIAL COURT CASE RECORDS**

Additional page for additional children (if necessary)

| This Information Pertains to: | Confidential Information | References in Filing: |
|---|---|---|
| _____<br>(full name of adult)<br><br>OR<br>This information pertains to a minor with the<br><br>initials of ____ and the full name of<br><br>_____<br>(full name of minor)<br><br>And date of birth: _____ | Social Security Number (SSN):<br><br>Financial Account Number (FAN):<br><br>Driver's License Number (DLN):<br><br>State of Issuance:<br><br>State Identification Number (SID): | Alternative Reference:<br>SSN __<br><br>Alternative Reference:<br>FAN __<br><br>Alternative Reference:<br>DLN __<br><br>Alternative Reference:<br>SID __ |
| _____<br>(full name of adult)<br><br>OR<br>This information pertains to a minor with the<br><br>initials of _____ and the full name of<br><br>_____<br>(full name of minor)<br><br>And date of birth<br>_____ | Social Security Number (SSN):<br><br>Financial Account Number (FAN):<br><br>Driver's License Number (DLN):<br><br>State of Issuance:<br><br>State Identification Number (SID): | Alternative Reference:<br>SSN __<br><br>Alternative Reference:<br>FAN __<br><br>Alternative Reference:<br>DLN __<br><br>Alternative Reference:<br>SID __ |

## THIS FORM IS CONFIDENTIAL

**CONFIDENTIAL INFORMATION FORM**

**APPELLATE/TRIAL COURT CASE RECORDS**

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

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

_____ _____

Signature of Attorney or Unrepresented Party Date

Name: _____ Attorney Number: (if applicable) _____

Address: _____ Telephone: _____

_____ Email: _____

*NOTE*: Parties and attorney of record in a case will have access to this Confidential Information Form.

Confidentiality of this information must be maintained.

## THIS FORM IS CONFIDENTIAL

| | | |
|---|---|---|
| **_____,** | **:** | **IN THE COURT OF COMMON PLEAS OF** |
| **Plaintiff** | **:** | **LYCOMING COUNTY, PENNSYLVANIA** |
| | **:** | |
| **vs.** | **:** | |
| | **:** | |
| **_____,** | **:** | **NO. _____** |
| **Defendant** | **:** | |

**ORDER**

AND NOW, this _____ day of _____**,** 20**_____**, the Court having reviewed the Application to Waive Fees and Costs, it is hereby ORDERED and DIRECTED that:

- ❑ the request of _____, to proceed pursuant to Pa.R.J.A. No. 1990 and waive fees and costs is GRANTED.
- ❑ the request of _____, to proceed pursuant to Pa.R.J.A. No. 1990 and waive fees and costs is DENIED for the following reason(s):

  _____ Application is incomplete.

  _____ Petitioner's income exceeds income guidelines.

  _____ Petitioner's assets exceed asset guidelines.

  _____ Other: _____.

  and the applicant has thirty (30) days to pay the filing fee or the action will be terminated without further notice.

**BY THE COURT:**

_____

J.

Distribution:

_____

| | | |
|---|---|---|
| **_____,** | **:** | **IN THE COURT OF COMMON PLEAS OF** |
| **Plaintiff** | **:** | **LYCOMING COUNTY, PENNSYLVANIA** |
| | **:** | |
| **vs.** | **:** | |
| | **:** | |
| **_____,** | **:** | **NO. _____** |
| **Defendant** | **:** | |

## APPLICATION TO WAIVE FEES AND COSTS

EACH QUESTION MUST BE ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN A DENIAL. IF A QUESTIONS REFERS TO INCOME OR PROPERTY THAT YOU DO NOT HAVE, YOU SHOULD ANSWER "NONE."

**PARTY INFORMATION**

Party Name: _____
First Middle Last

Residence: _____

City, State, Zip: _____

☐ Check this box if you are currently without a house or apartment.

**PUBLIC BENEFITS**

Do you currently receive one or more of the following public benefits?

- Supplemental Nutrition Assistance Program (SNAP) (food stamps)
- Medicaid
- Supplemental Security Income (SSI) (Not Social Security Disability Insurance (SSDI))
- Temporary Assistance to Needy Families (TANF)
- Public Housing or Section 8 Housing
- Needs-based VA Pension
- Low-Income Energy Assistance
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Other need-based federal, state, or local program: _____
  Name of Program

☐ YES ☐ NO

**If you answered YES, skip the remainder of the form and sign/date the VERIFICATION on the last page.**

**HOUSEHOLD MEMBERS**

I am providing the following information about people who live with me.

I support ____ adult children who are incapable of self-support due to physical or mental disability.

I support ____ children under age 18.

**GROSS MONTHLY INCOME**
(income before paying taxes and other deductions)

**Employment**

Monthly gross wages: $_____

I work as a _____ for _____.
job title or description name of employer

**Unemployment Compensation**

Monthly unemployment benefit: $_____

I have been unemployed since _____.

My last employer was _____.

**Other Sources of Income**

Money received from other people: $_____

Retirement / Pension: $_____

Disability Benefits: $_____

Workers' Compensation: $_____

Child / Spousal Support: $_____

Social Security: $_____

Other Sources (_____): $_____
description

**Total Monthly Gross Income (from all sources above):** $_____

**ASSETS (Current Value)**

Cash: $_____

Bank Accounts or Other Financial Assets: $_____

Primary Vehicle: $_____

Other Vehicles: $_____

House: $_____

Other Real Estate: $_____

Other Property: $_____

**Total Value of Property:** $_____

---

**MONTHLY EXPENSES**

Rent/Mortgage Payment: $_____

Food and Household Supplies: $_____

Utilities (Including Cell Phone): $_____

Clothing and Personal Expense: $_____

Medical and Dental Expenses/Insurance: $_____

Child Care: $_____

Transportation (including car payments & repairs): $_____

Child and Spousal Support or Alimony: $_____

Other Expenses:

_____ $_____
Description

_____ $_____
Description

_____ $_____
Description

**Total Monthly Expenses:** $_____

---

**ADDITIONAL INFORMATION**

Are there other facts that you would like the Court to know about your circumstances that may help the Court decide whether to grant your application, such as homelessness, health issues, disability, or other financial hardships?

_____

_____

_____

_____

_____

**VERIFICATION**

I understand that I have a continuing obligation to inform the Court of an improvement in my financial circumstances that would permit me to pay the fees and costs in this case. If I fail to inform the Court of any changes in my circumstances, I understand that the Court may rescind the waiver of fees and costs and order me to pay those fees and costs.

I verify that the statements made in this application 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.

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

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

**AFFIDAVIT OF SERVICE BY CERTIFIED MAIL AND REGULAR MAIL**

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

_____
(other parent/party's name and address)

_____

_____

I also mailed a true and correct copy of these documents by regular mail to the other party at the same address on _____.
(date mailed)

□ The other party received the documents _____.
(date received)
Sender's receipt and return receipt are attached.

□ The other party refused the certified mail, and the sender's receipt and refusal are attached.

□ The regular mail has not been returned as undeliverable.

I verify that the foregoing is true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Date: _____ Petitioner's Signature: _____

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

**AFFIDAVIT OF PERSONAL SERVICE**

I, _____, certify that I am a competent adult who is
(person serving other parent/party)
18 years of age or older, and I am not a party to this action or an employee or relative of a party to this action. On_____, I served a true and correct copy of the
(date)
Motion Cover Sheet, Notice and Order, Petition for Contempt, Certification of Attempt to Resolve Conflict, copy of Custody Order, completed Criminal Record/Abuse History Verification, blank Criminal Record/Abuse History Verification, and Confidential Information Form

upon _____ by:
(other parent/party)

□ handing a copy to him/her;
□ handing a copy to an adult family member at his/her residence by the name of _____;
□ handing a copy to an adult in charge of his/her residence by the name of _____;
□ handing a copy to an adult in charge at his/her place of employment by the name of

_____,

at this address/location: _____,
(place served)
at approximately _____.
(time of day/am-pm)

I verify that the foregoing is true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Date: _____ _____ (server's signature)

Name: _____

Address_____

_____

Phone: _____