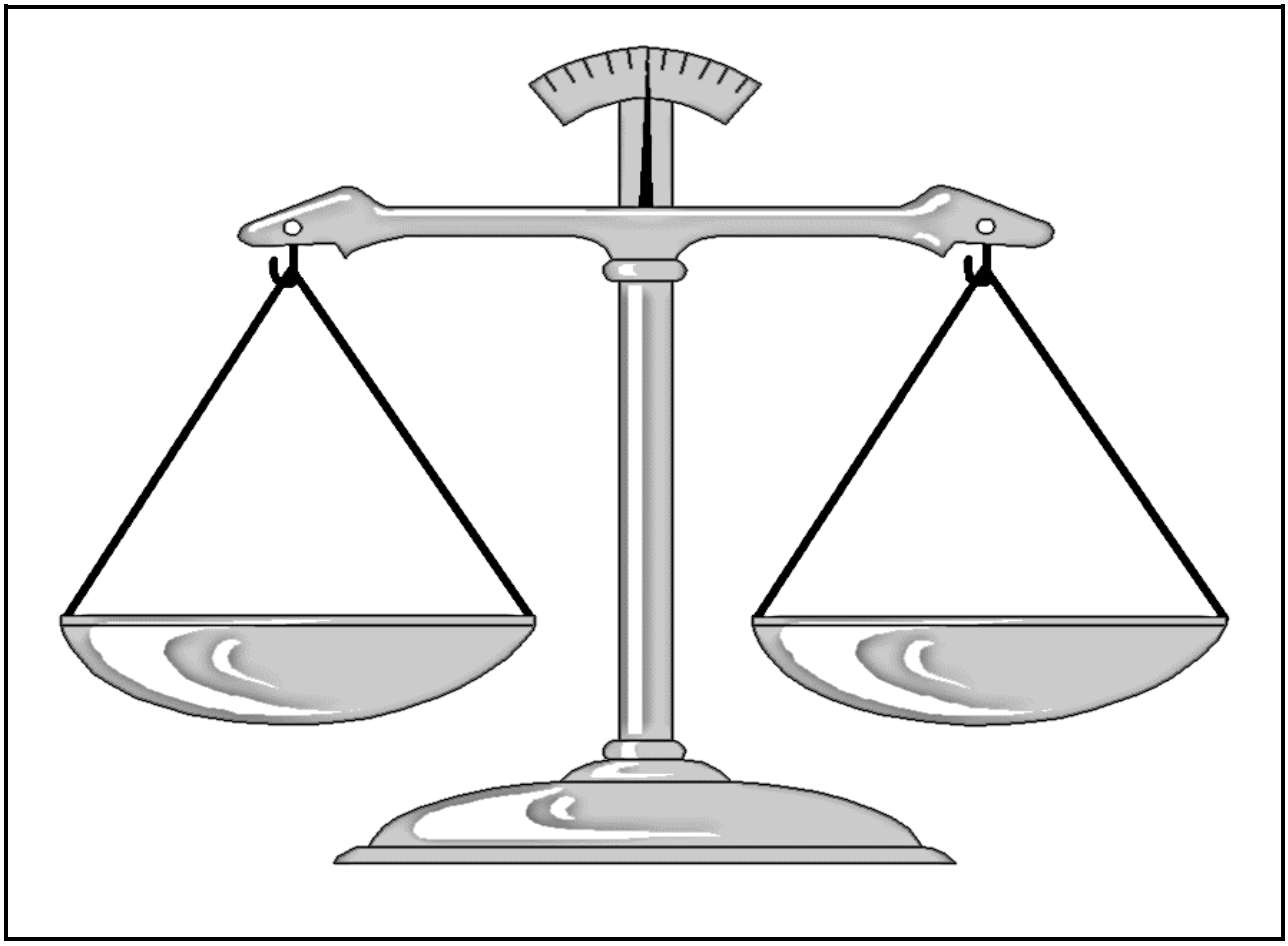

LYCOMING COUNTY INTERVENTION IN A CUSTODY CASE SELF-HELP KIT

REMEMBER

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

INTERVENTION IN A CUSTODY CASE

Normally a custody case involves just the two parents of the child(ren). But sometimes a person who is *not* a parent may want to have some type of custody. The right to be involved in the case, and ask for custody, is called having "standing."

If there is already a custody order between the parents and you want to have some type of custody of the child(ren), you must do two things:

1. First, you must file a Petition to Intervene and Modify. By doing this, you ask a judge for permission to participate in the custody case. The judge will determine whether you have "standing."

There are very strict rules about who else can be included in a custody case, and it depends on what type of custody you are asking for. If you are a grandparent or a great-grandparent, you have a greater chance of being granted standing.

If you are not a grandparent or great-grandparent, you will have to show that you are *in loco parentis*. This means that you have acted toward the child(ren) "in the place of a parent." You will have to show that you performed the duties of a parent for a substantial period of time, and that you did this with the permission of the parents.

2. Second, if you are granted standing, you will then have to go through the regular custody process to obtain some type of custody.

CUSTODY TERMS

LEGAL CUSTODY - Means the right to make major decisions affecting the best interest of a minor child, including, but not limited to, medical, religious, and educational decisions.

SHARED LEGAL CUSTODY - Means the right of more than one individual to legal custody of the child.

SOLE LEGAL CUSTODY - Means the right of one individual to exclusive legal custody of the child.

PHYSICAL CUSTODY - Means the actual physical possession and control of a child.

PRIMARY PHYSICAL CUSTODY - Means the right to assume physical custody of the child for a majority of the time.

PARTIAL PHYSICAL CUSTODY - Means the right to take possession of a child away from the custodial parent for a certain period of time.

SHARED PHYSICAL CUSTODY - Means the right of more than one individual to assume physical custody of the child, each having significant periods of physical custodial time with the child.

SOLE PHYSICAL CUSTODY - Means the right of one individual to exclusive physical custody of the child.

SUPERVISED PHYSICAL CUSTODY - Means custodial time during which an agency or an adult designated by the Court, or agreed upon by the parties, monitors the interaction between the child and the individual with those rights.

PERSON ACTING AS A PARENT - A person other than a parent, including an institution, who has physical custody of a child and who has either been awarded custody by a court or claims a right to custody.

RELOCATION - Means a change in residence of the child which significantly impairs the ability of a non-relocating party to exercise custodial rights.

Rules for Standing

If you are not a parent of the child(ren), you can only file for custody if A, B, C, or D applies to you. (More than one of these letters can apply.)

A. ***Anyone* can file for *any type of custody* if he/she is *in loco parentis* to the child(ren).**
In loco parentis means the child(ren) lives or lived with you and you have acted as the child(ren)'s parent for a substantial period of time.

B. ***Anyone* can file for *any type of custody* if *all four* of these things are true:**

1. Neither parent has any form of care and control of the child(ren).

AND

2. You are have assumed responsibility for the child(ren), or you are willing to assume responsibility for the child(ren).

AND

3. You have a sustained, substantial and sincere interest in the welfare of the child(ren).

AND

4. There is no current dependency proceeding or order of permanent legal custody for the child(ren). [Through Children and Youth.]

C. **If you are a *Grandparent* and you want:**

Legal custody (decision-making power)
and/or
Substantial physical custody (Child(ren) live with you primarily or you have the child(ren) at least half the time.)

Then you will need to show *all three* of these things are true:

1. Your relationship with the child(ren) began with the consent of a parent of the child(ren) or under a court order.

AND

2. You are willing to assume responsibility for the child(ren).

AND

3. One of the following three things is true:

(a) The child(ren) have been determined to be dependent under 42 PA.C.S.Ch. 63 (Children and Youth).

OR

(b) The child(ren) are substantially at risk due to parental abuse, neglect, drug or alcohol abuse or incapacity.

OR

(c) The child(ren) lived with you for at least 12 months in a row, except for brief absences of the child(ren) from your home **AND** the parents took the child(ren) from your home less than six months ago.

D. If you are a *Grandparent or Great-Grandparent* and you want:

Partial Physical Custody (Child(ren) live primarily with parent but spend time with you.)
and/or
Supervised Physical Custody: (Your time with the child(ren) is monitored by someone.)

Then you will need to show *one* of these three things is true:

1. A parent of the child is deceased and you are the parent or grandparent of the deceased parent.

   OR

2. *All three* of these things are true:
   Your relationship with the child(ren) began with the consent of a parent or a court order.
   AND
   The parents of the child(ren) have started a proceeding for custody.
   AND
   The parents do not agree as to whether the grandparents or great-grandparents should have partial physical custody or supervised visitation.

   OR

3. *Both* of these things are true:
   The child(ren) lived with you for at least 12 months in a row, except for brief absences of the child(ren) from your home.
   AND
   The parents took the child(ren) from your home less than six months ago.

THE INTERVENTION PROCESS

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

Step One:	Read the instructions in this packet and fill out the forms
Step Two:	File the forms and copies at the Prothonotary's Office.
Step Three:	Wait for the copies to be mailed to you with a date for the hearing.
Step Four:	Serve the other parties with notice of the hearing.
Step Five:	Attend the hearing and make your case. If the Judge lets you intervene, you will be scheduled for a custody conference.
Step Six:	Participate in the custody conference and if you do not reach an agreement, go further in the court system.

INTERVENTION IN A CUSTODY CASE

PART ONE: INSTRUCTIONS

1. FIRST FORM – MOTION COVER SHEET

Complete the caption (heading) by using THE SAME CAPTION AS IN THE CURRENT CUSTODY ORDER. The same person who is listed as the Plaintiff in the custody case must be the Plaintiff in this action. The same person listed as Defendant in the custody case must be the Defendant in this action. You should also use the same case number that appears on the Custody Order

If you do not have a copy of the current custody order, you will need to get at copy at the Prothonotary's Office. You will be charged $.50 per page.

Write your name on line 1, and "Petition to Intervene and Modify" 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 the existing Custody Order. Write the other parties' names on the line after the word "You." Circle the word "Modify" and circle the type(s) of custody in the existing order. Print the child or children's INITIALS on the second blank after the heading. Do not write the children's names, because that information is confidential and not available to the public. Do not do anything further on this sheet.

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 TO INTERVENE AND MODIFY

Complete the caption as on the custody case. The following numbers below match the numbers on the Petition.

1. Write your name, your relationship to the child, and your address.

2. Write the name of the Plaintiff, the Plaintiff's relationship to the children, and the address of the Plaintiff.

3. Write the name of the Defendant, the Defendant's relationship to the children, and the address of the Defendant.

4. Write the initials and ages of the children addressed in the custody order. Do not write their names or birthdates, because that is confidential information not available to the public.

5. Check the box to show you are attaching a copy of the Custody Order. If you do not have a copy, you will need to get one at the Prothonotary's Office. You will be charged $.50 per page.

6. Write the reason the Custody Order should be changed.

7. Write what you want the new Custody Order to say.

8. Check at least one of the boxes labeled A, B, C or D that applies to you. If more than one applies, check all that apply.

5. and 6. FIFTH and SIXTH FORMS – CRIMINAL/ABUSE HISTORY VERIFICATION

There are two of these forms, one is to be completed by you, the Intervenor, and the other is to be completed by the opposing party. On both forms, complete the caption as on previous forms. Then, choose the form that applies to you as Intervenor, 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. **Do not write anything on the other form other than completing the caption.** This is for the other party to fill out and file after you serve it on them.

7. SEVENTH DOCUMENT – A COPY OF THE CURRENT CUSTODY ORDER

You MUST include a copy of the current custody order for the child(ren). You may get a copy at the Prothonotary's Office if you do not have one. You will be charged $.50 per page.

8. EIGHTH 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 "Petition to Intervene and Modify," 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.

9. and 10. NINTH AND TENTH FORMS – FORMS TO WAIVE THE FILING FEE

In order to file this 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.

NINTH 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.

TENTH 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 eight, clip them together in order, with the Motion Cover Sheet on the front. You will then need to get copies made. You need a copy for yourself, and one copy for each of the other parties. The original will stay at court, in the Prothonotary's office. Remember, you need a copy of the current custody order to attach. If you do not have a copy, you can get one from the Prothonotary's Office. You will be charged $.50 per page.

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 TO INTERVENE AND MODIFY

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 to Intervene and Modify, (5) A Copy of Your Custody Order, (6) Completed Criminal/Abuse History Verification, and (7) Blank Criminal/Abuse History Verification for the other parties

You will need an original and at least three 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 three 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 parties. Go to the next set of instructions to find out how to serve the other parties.

HOW TO SERVE THE OTHER PARTIES

It is not enough to simply talk to the other parties about the hearing. You must give the other parties legal notice that you have filed to intervene and modify the Custody Order. This kind of notice is called "service."

Service of the papers is **YOUR** responsibility. IT IS IMPORTANT TO SERVE THE OTHER PARTIES AS SOON AS POSSIBLE. If you do not serve the other parties 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 parties' 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 parties as soon as possible after you receive them in the mail from the Prothonotary's Office. The other parties should receive them ***at least ten (10) days before the hearing date.***

Once the other parties have signed the green receipt, indicating that they 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 parties; or
(b) by handing a copy to an adult member of the family with whom the other parties reside; 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 parties' usual place of business and handing a copy to the opposing parties' agent (one that acts for or representative of) or to the person in charge.

11 and 12: 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.

ELEVENTH 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.

TWELTH 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

PETITION TO INTERVENE
AND MODIFY A 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: _____ Argument _____ Evidentiary Hearing _____ Court Conference _____ Rule to Show Cause _____ Entry of Uncontested Order (attach supporting documentation) _____ Expedited Consideration. State the basis: _____ _____ Video conferencing requested. Request form has been submitted. See Lyc. Co. R.G.C.B. L8. _____ Attach this cover sheet to original motion previously filed on: _____	6. Name and addresses of all counsel of record and unrepresented parties:
5. Time Required: _____	____ 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.	:	CIVIL ACTION - LAW
	:	CUSTODY
_____,	:	
Defendant	:	NO.

ORDER AND NOTICE

You, _____, (non-filing party), have been sued in Court to (obtain/modify)(shared legal custody)(sole legal custody)(partial physical custody)(primary physical custody) (shared physical custody)(sole physical custody)(supervised physical custody) of the child(ren): IDENTIFY EACH CHILD BY INITIALS ONLY—DO NOT WRITE THE NAME

_____

If you fail to appear at the scheduled hearing/conference, an order for custody, partial custody, or visitation may be entered against you, or the Court may issue a warrant for your arrest.

You must file with the Court a verification regarding any criminal record or abuse history regarding you and anyone living in your household on or before the initial in-person contact with the Court (including, but not limited to, a conference with a conference officer or judge or conciliation), but not later than 30 days after service of the Complaint or Petition.

No party may make a change in the residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all of the applicable provisions of 23 Pa. C.S. §5337 and Pa. R.C.P. No. 1915.17, regarding relocation.

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

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 **Lawyer Referral Service** **100 South Bend Street, P.O. Box 186** **Harrisburg, PA 17108-0186** **(800) 692-7375**	**North Penn Legal Services** **25 West Third Street, Suite 400** **Williamsport, PA 17701** **(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

PETITION TO INTERVENE AND MODIFY

1. I, _____am not a party to this custody action, but I am requesting
(write your name)

permission to intervene. My relation to the children is _____ _____

I live at _____

2. The Plaintiff in this action is _____.

He/She is the _____ of the child(ren). He/she currently resides at

_____

3. The Defendant in this action is _____.

He/She is the _____ of the child(ren). He/she currently resides at

_____

4. The child(ren) involved in this case are: LIST CHILDREN BY INITIALS AND AGE ONLY—DO NOT USE NAMES OR BIRTH DATES.

INITIALS	AGE
_____	
_____	
_____	
_____	

5. [ ] A copy of the current Custody Order is attached.

6. The current Custody Order should be modified/changed because:

_____

_____

_____

_____

_____

_____

_____

_____

7. An Order should be entered that states:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

8. I have standing to file for custody of the child(ren) because:

A.[ ] I am a person who stands "in loco parentis" to the child(ren); I have acted as a parent to the child(ren) for the time period of _____.

OR

B.[ ] Neither parent has any form of care and control of the child(ren)

AND I have assumed or am willing to assume responsibility for the child(ren).
AND I have a sustained, substantial and sincere interest in the welfare of the child(ren).
AND there is no current dependency proceeding or order of permanent legal custody for the child(ren) (through Children and Youth).

OR

C.[ ] I am a grandparent who wants substantial physical custody and/or legal custody

AND my relationship with the child(ren) began with the consent of a parent of the child(ren) or under a court order.
AND I am willing to assume responsibility for the child(ren)
AND the child(ren) has/have (check which of the following applies to the child(ren)):

[ ] been determined to be dependent under 42 PA.C.S.Ch. 63 (Children & Youth).

OR

[ ] are at risk due to parental abuse, neglect, drug or alcohol abuse or incapacity.

OR

[ ] lived with me for at least 12 consecutive months, except for brief temporary absences of the child(ren) from my home AND the child(ren) were removed from my home by the parents less than six months ago.

OR

D. [ ] I am a grandparent or great-grandparent who wants partial physical or supervised visitation
AND (check which of the following applies to you):

[ ] A parent of the child(ren) is deceased and the I am the parent or grandparent of that deceased parent.

OR

[ ] The child(ren) have resided with me for a period of at least 12 consecutive months, except for brief temporary absences **AND** the child(ren) were removed from my home by the parents less than six months ago.

OR

[ ] My relationship with the child(ren) began with the consent of a parent or court order AND the parents have started proceedings for custody AND the parents do not agree as to whether the grandparents or great-grandparents should have partial physical custody /supervised visitation.

WHEREFORE, Petitioner respectfully requests the Court to grant me permission to intervene and enter an order in my favor.

I verify that the statements made in the Petition to Intervene are true and correct, and I understand that false statements made herein are subject to penalties under 18 Pa. § 4904, regarding unsworn falsification to authorities.

_____	_____
_____	_____
Date	Petitioner (your signature)

_____,	: 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. 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? _____			

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**
	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. 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? _____			

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:
_____ (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's 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's 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

APPELLATE/TRIAL COURT CASE RECORDS

Additional page for additional children (if necessary)

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's License Number (DLN): State of Issuance: State Identification Number (SID): _____	Alternative Reference: SSN __ Alternative Reference: FAN __ Alternative Reference: DLN __ Alternative Reference: SID __

_____ (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's License Number (DLN): State of Issuance: State Identification Number (SID):	Alternative Reference: SSN __ Alternative Reference: FAN __ Alternative Reference: DLN __ Alternative Reference: SID __

THIS FORM IS CONFIDENTIAL

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 to Intervene and Modify, 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:

_____
(party's name and address)

_____

_____

I also mailed a true and correct copy of these documents by regular

mail to this 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 to Intervene and Modify, a copy of the 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: _____