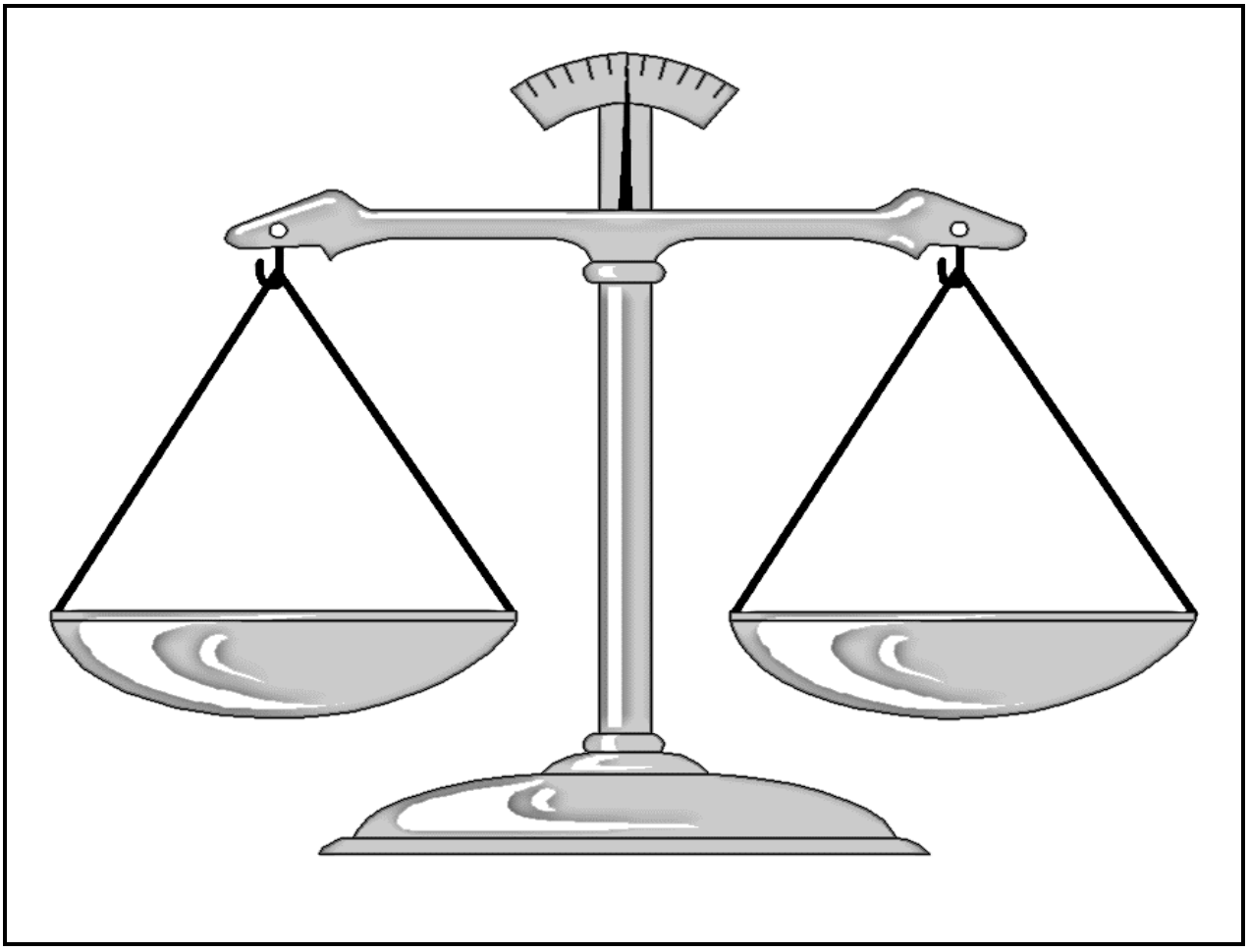

# LYCOMING COUNTY
# CUSTODY SPECIAL RELIEF
# SELF-HELP KIT

**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.***

# INTRODUCTION

***This packet will help you file the forms to ask for a hearing for a judge to decide a disagreement you and the other party are having over custody, or if you believe the other party is placing the child at risk and the situation must be addressed more quickly (for the child's sake) than it would be by filing a Petition for Modification. You can only file a Petition for Special Relief if you already have a custody order.***

Note – if you believe the situation puts the child at risk of ***an immediate clear and present danger,*** from such things as physical abuse or severe neglect (the failure to provide food, shelter, or medical care), you should immediately contact Lycoming County Children & Youth at 570-326-7895.

You should NOT file a Petition for Special Relief for:

- A dispute over the custody schedule. You must file a Petition to Modify Existing Order for that type of issue.
- A violation of the custody order. You must file a Petition for Contempt for that type of issue.
- Minor issues such as how to cut the child's hair, what time the child should go to bed, or what type of food the child should eat. Those are parenting decisions that the court will normally not interfere with.

Here are some types of disputes that are appropriate for a Petition for Special Relief:

- The parties disagree on which school the child should attend.
- One party wants to put the child on medication for ADHD and the other party disagrees.
- One party wants the child to play a sport and the other party disagrees.
- One party wants the child to go to counseling and the other party disagrees.

## BEFORE YOU DECIDE TO FILE

Try to work things out on your own before you file. Going to court is stressful for everyone. It's better for you and the other party to learn how to co-parent and make decisions together. Try to see the other party's point of view, and explain your own feelings in a way that is respectful of the other party. Practice discussing things without arguing. Compromise sometimes, and overlook the little things that might bother you. All of this will make things better for your child.

## THE CUSTODY SPECIAL RELIEF PROCESS

**There are six steps in the custody special relief process. This packet provides the forms you need and guides you through these steps.**

| | |
|---|---|
| **Step One:** | Read the instructions in this packet. |
| **Step Two:** | Fill out the forms in this packet, and make copies. |
| **Step Three:** | File the forms and copies at the Prothonotary's Office. |
| **Step Four:** | Wait for the copies to be mailed to you with a date for the hearing. |
| **Step Five:** | Serve the documents on the other party. |
| **Step Six:** | Attend the hearing and make your case. |

# CUSTODY SPECIAL RELIEF

# PART ONE: INSTRUCTIONS

***These are the instructions for filling out the forms. The forms are found in Part Two of this packet. You may want to separate the forms from the instructions now, so you can read the instructions for each form as you fill out that form.***

**1. <u>FIRST FORM – MOTION COVER SHEET</u>**

Complete the caption (heading) EXACTLY THE SAME AS ON THE EXISTING CUSTODY ORDER. Your caption will never change. The same person who is listed as the Plaintiff on your Custody Order must be the Plaintiff in this action. The same person listed as Defendant on 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 "Custody Special Relief" on line 3. In box 4, put a check in front of "Evidentiary Hearing". If you are asking for the hearing to be held as soon as possible, check the box for "Expedited Consideration" and in a few words state why on the blank line. In box 6, write your name and address. Leave the rest of the form blank—this is for the Court to fill out.

**2. <u>SECOND FORM – ENTRY OF APPEARANCE AS SELF-REPRESENTED PARTY</u>**

Complete the caption as on your existing Custody Order. Fill out the blanks in the form, and write the information requested. Skip paragraph 4 if you never had an attorney.
**Note- It is important to provide a phone number where you can be reached in the event the court needs to reach you quickly for scheduling or other matters.**

**3. <u>THIRD FORM – PETITION FOR SPECIAL RELIEF</u>**

Complete the caption as on your existing Custody Order. The numbers below match the numbers on the Petition. You are the Petitioner, because you are filing the petition.

1. Print your name, address, and phone number.

2. Print the other party's name, address, and phone number. If there is more than one party, simply add those parties, on a separate sheet of paper.

3. Write each child's initials and age. Do not write the names(s) or date(s) of birth, because that is confidential information not available to the public.

4. Print the date of the existing Order.

5. Write exactly what you want the Court to do.

6. Write why it is important for the Court to do what you want.

Sign, print your name, and write the date at the end. You are subject to penalties if you include false information in the Petition.

## 4. FOURTH DOCUMENT – A COPY OF YOUR CURRENT CUSTODY ORDER

You MUST include a copy of your current custody order. You may get a copy at the Prothonotary's Office if you do not have one. You will have to pay $.50 per page.

## 5. FIFTH 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 "Special Relief Petition," 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.

## 6. AND 7. SIXTH AND SEVENTH 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.

### SIXTH FORM – ORDER TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS

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

**SEVENTH 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 age.

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.

You have now completed the forms necessary to request the Court to allow you to proceed without paying the costs.

## COPIES

***After you have completed forms, 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.***

***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

Take all of your completed forms (including the copies) to the Prothonotary's Office on the first floor of the Lycoming County Courthouse at 48 West Third Street, Williamsport, on any weekday (Monday through Friday) between 8:30 a.m. and 5:00 p.m. Separate the papers into the two groups shown below, and put them in the order shown below.

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

*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.*

**YOU WILL HAVE TO PAY A FILING FEE OF $25.75 TO THE PROTHONOTARY.**

**The Prothonotary will file stamp all of the documents. The Prothonotary will keep all the forms. The case will be given a date for a hearing, 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 all the documents on the other party or parties. Go to the next set of instructions to find out how to serve the other party or parties.**

# HOW TO SERVE THE OTHER PARTY

It is not enough to simply talk to the other party about the petition or the hearing date. You must give the other party legal notice that you have filed for custody. 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 papers can do it in one of these ways:

(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.

**8 and 9: 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.

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

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

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

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

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

# THE HEARING

After you file the paperwork, a hearing will be scheduled in front of a judge. You will be called on to go first at the hearing, and it will be your burden to show the judge that he/she should do what you are asking. You should bring any witnesses to help you prove your case. The other party will have a turn to testify and present witnesses after you are finished. Both parties will have a chance to question each other any witnesses called by the other party.

The judge will make a decision after the hearing.

# 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**

# CUSTODY SPECIAL RELIEF

# 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: _____ | 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 within _____ days.

5. _____ See order attached. _____ See separate order issued this date.

6. _____ Other: _____.

7.

_____ _____
Judge Date

c: **ALL PARTIES OR OTHERS TO BE SERVED WITH NOTICEMUST 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 |

# 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. | : | CIVIL ACTION – LAW |
| | : | CUSTODY |
| _____, | : | |
| Defendant | : | NO. |

**PETITION FOR SPECIAL RELIEF**

1. The Petitioner is _____
(your name)

The Petitioner's address is _____
(your address)

The Petitioner's phone number is _____
(your phone number)

2. The Respondent is _____ _____
(other party's name).

The Respondent's address is _____
(other party's address)

The Respondent's phone number is: _____
(other party's phone number)

3. The child(ren) in this case are: LIST CHILDREN BY INTITIALS AND AGE ONLY—DO NOT WRITE NAMES OR BIRTH DATES

| INITIALS | AGE |
|---|---|
| _____ | |
| _____ | |
| _____ | |
| _____ | |

4. The current Custody Order is dated: _____
The Custody Order is attached (make sure to attach your Custody Order).

5. I am asking the court to: _____

_____

_____

_____

_____

_____

_____

_____

6. This special relief is necessary because: _____

_____

_____

_____

_____

_____

_____

VERIFICATION

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

Date: _____

_____
Sign your name

_____
Print your name

**CONFIDENTIAL COURT**

**APPELLATE/TRIAL**

# INFORMATION FORM

# 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 |

## THIS FORM IS CONFIDENTIAL

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>_____<br>Financial Account Number (FAN):<br><br>_____<br>Driver's License Number (DLN):<br><br>_____<br>State of Issuance:<br><br>_____<br>State Identification Number (SID):<br><br>_____ | 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>_____<br>Financial Account Number (FAN):<br><br>_____<br>Driver's License Number (DLN):<br><br>_____<br>State of Issuance:<br><br>_____<br>State Identification Number (SID):<br><br>_____ | 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:** $_____

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**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. | : | CIVIL ACTION - LAW |
| | : | CUSTODY |
| _____, | : | |
| Defendant | : | NO. |

**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, Entry of Appearance as Self-Represented Party, Petition for Special Relief, a copy of the current Custody Order, and the Confidential Information Form. These documents were sent by certified mail, restricted delivery, return receipt requested, to:

_____
(other 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 on _____.
(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. | : | CIVIL ACTION - LAW |
| | : | CUSTODY |
| _____, | : | |
| Defendant | : | NO. |

**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, Entry of Appearance as Self-Represented Party, Petition for Special Relief, a copy of the current Custody Order, and the Confidential Information Form. I served these 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: _____