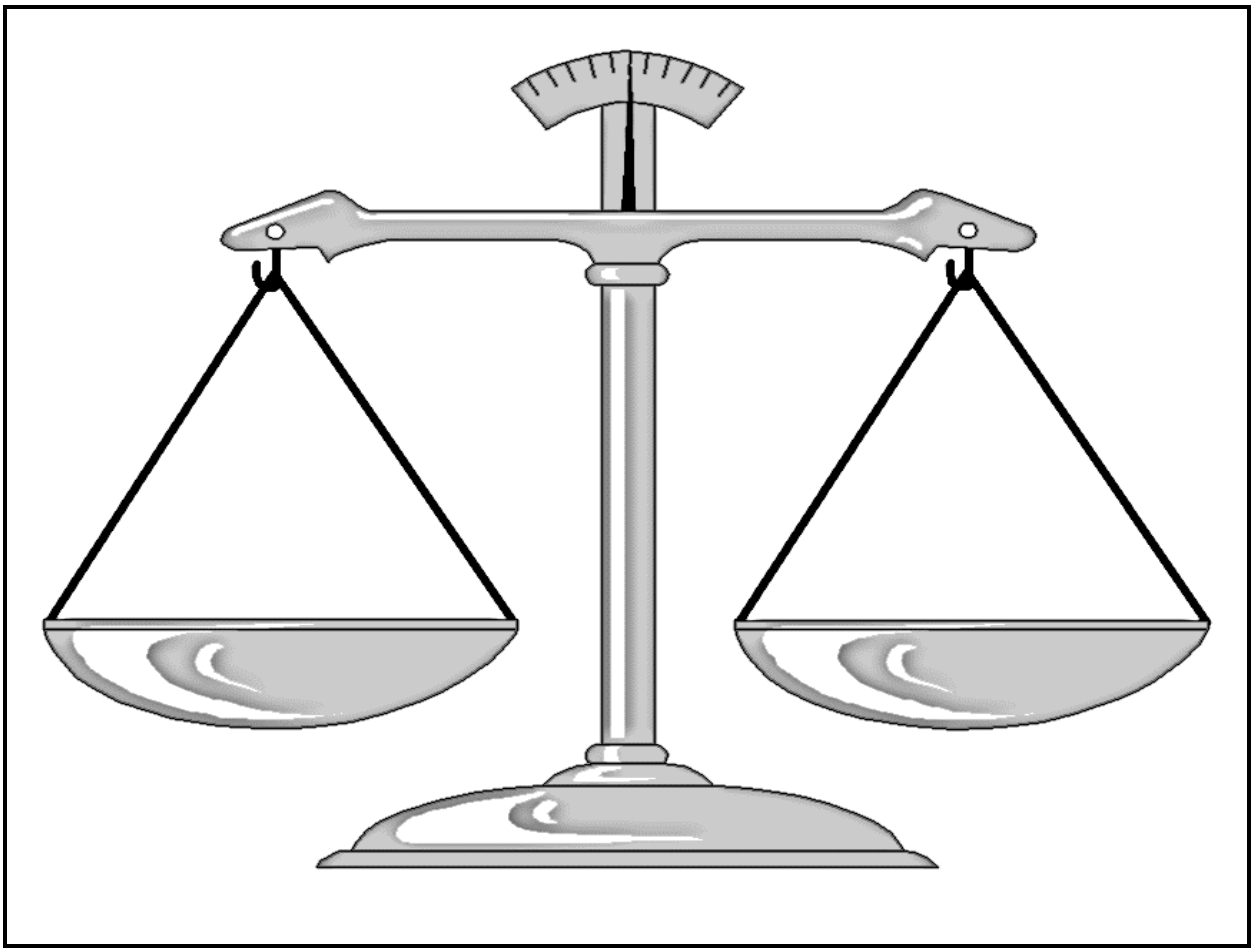


LYCOMING COUNTY

CUSTODY STIPULATION 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

A stipulation is another word for "agreement." This kit gives you the forms you need to make a custody agreement into a Custody Order without a court proceeding. It can ONLY be used when you and the other party are in agreement as to custody. If there is anyone else who has custody rights to the child(ren), that party must also be in agreement and sign the Stipulation.

This kit can be used when you do not yet have a Custody Order, and it can also be used to modify a Custody Order you already have.

Here are some definitions that may help you write up your custody agreement.

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.

CUSTODY STIPULATION

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. FIRST FORM – MOTION COVER SHEET

Caption:

- If you DO NOT have a Custody Order, complete the caption (heading) by printing your name as the Plaintiff and the other party's name as the Defendant. Use middle initials and print neatly. Note: If grandparents or other third parties have physical custody, there will be more than one Defendant, because both parents must always be parties.

- If you ALREADY HAVE a custody order and want to change that order, USE THE SAME CAPTION AS IN THE PREVIOUS ORDER. Your caption will never change. The same person who is listed as the Plaintiff in your Custody Order must be the Plaintiff in this action. The same person listed as Defendant in your Custody Order must be the Defendant in this action. You should also use the same case number that appears on your Custody Order

On line 1, print your name.
On line 3, print "Custody Stipulation."
In box 4, check "Entry of Uncontested Order."
In box 6, print your name and address

Leave the rest of the form blank

2. SECOND FORM –STIPULATED CUSTODY ORDER

Complete the caption as on the other forms. The numbers below match the numbers on the Stipulation form.

1. Print the Plaintiff's name, address, phone number, and relationship to the child(ren).

2. Print the Defendant's name, address, phone number, and relationship to the child(ren). Add another paragraph for additional parties, with their name, relationship and address.

3. Write the names and addresses of the parents *if* the Plaintiff and Defendant are not the two parents of the child(ren).

4. Write the names and birth dates of the child(ren) the Order will apply to.

5. If both parents are signing the Stipulation, check the letter A. If both parents are not signing the Stipulation, check the letter B and then explain why the parent is not signing. (For example: deceased or whereabouts unknown). If you can't find the other parent, write what you have done to try to find that parent. The Court needs to know why the other parent isn't signing. If you don't fill this out, the Court may refuse to approve the Stipulation.

6. This part states who will have legal custody (decision-making authority) for the child(ren). Check (A) if this authority will be shared by the parties. If not, Check (B) and write the name(s) of the person or people who will have this authority.

7. This part states what the physical custody schedule will be. Write when the Plaintiff will have the children, and when the Defendant will have the children. Be as specific as you can, because this will protect both you and the other party if you are in disagreement over where the child(ren) should be on any day.

8. Check the first line if this is a new custody case.
Check the second line if you already have a Custody Order. Write the date of that order.

9. This section must be in every custody order, by law. Be aware that neither you nor the other party may move the child a distance that significantly impairs the other party's right to exercise custody. If you want to move such a distance, you must have the agreement of the other party or permission of a judge. To do this, you can get a Relocation Kit from the same place you got this Stipulation Kit.

10. All individuals with custody rights must sign and date the form here.

11. **Leave this part BLANK. This is where the judge signs to make the Stipulation a Court Order.**

Last and very important: EACH PARTY MUST INITIAL THE FIRST THREE PAGES OF THE STIPULATION AT THE BOTTOM!

3. THIRD DOCUMENT – A COPY OF YOUR CURRENT CUSTODY ORDER (IF THERE IS ONE)

If you already have a Custody Order, you MUST attach a copy of that order. You can get a copy of the Custody Order at the Prothonotary's Office.

4. FOURTH FORM – CONFIDENTIAL INFORMATION FORM

According to a new state rule, all filings must include this form. Sign the form, date it, and write your name and phone number. This means you promise you have not violated the Public Access Policy. The policy does not cover court orders, like the one you will be filing, so you do not have to worry about this policy.

5. AND 6. FIFTH AND SIXTH FORMS – FORMS TO WAIVE THE FILING FEE

In order to file the stipulation, there is a fee that must be paid to the Prothonotary. This fee changes from time to time. As of January 1, 2018, it is $155.00 if you do not already have a custody order. If you already have a custody order and are modifying it with the stipulation, the cost is $25.75.

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.

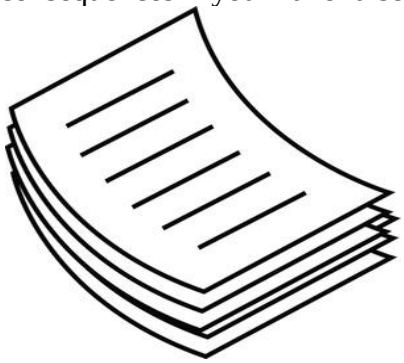
FIFTH FORM – ORDER TO PROCEED WITHOUT PAYMENT OF FEES AND COSTS

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 custody action can proceed. If not, you will be notified and you will have to pay the costs in order to continue.

SIXTH 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 a 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.



COPIES

After you have completed forms one through four, 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 Defendant, and one for each additional Defendant, if there are any. The original will stay at court, in the Prothonotary's office.

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

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 STIPULATION

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. You MUST have the groups of documents listed under First Group. If you are asking the Court to waive the filing fee, you should also have the documents listed under Second Group.

1. FIRST GROUP: (1) Motion Cover Sheet, (2) Stipulated Custody Order, (3) a Copy of Your Current Custody Order, and (4) the Confidential Information Form

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

2. SECOND 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 give the case a number and will file stamp all of the documents. The Prothonotary will keep all the forms. The case will be sent to a Judge for signature. Once the Judge signs the Order, the documents will be sent back to you. You will then have an actual Custody Order.

It is YOUR responsibility to send a copy of the Custody Order to the other party.

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 STIPULATION

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 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.

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

STIPULATED CUSTODY ORDER

1. **Plaintiff**, _____, is an adult
(name of Plaintiff)
individual who lives at _____,
(street)
_____, _____.
(city) (state and zip code)
Plaintiff's phone number is _____.
(phone number)
Plaintiff's relationship to the children is _____.
(Mother, Father, Grandmother, etc.)

2. **Defendant**, _____, is an adult
(name of Defendant)
individual who lives at _____,
(street)
_____, _____.
(city) (state and zip code)
Defendant's phone number is _____.
(phone number)
The Defendant's relationship to the children is _____.
(Mother, Father, Grandmother, etc.)

3. **Parents**: **Complete this section only if the Plaintiff and Defendant are not the parents.**

The Mother of the child(ren) is _____.
(Mother's name)
Mother lives at _____.
(Mother's address)

The Father of the child(ren) is _____,
(Father's name)
Father lives at _____ _____.
(Father's address)

Plaintiff's Initials: _____ **Defendant's Initials: _____**

4. The Stipulation governs custody of the following child(ren):

Name(s)	Date(s) of Birth
_____	_____
_____	_____
_____	_____
_____	_____

5. (Check either A or B):

_____ A. Both parents are signing this Stipulation, as well as anyone else who has a current legal right to custody or partial custody of any of the child(ren).

_____ B. Both parents have not signed this Stipulation because:

_____ Parent is deceased

_____ Parent's identity is unknown

_____ Parent's whereabouts is unknown

If you can't find the other parent, explain what efforts you have made to find him/her:

_____

_____

_____

_____

_____

6. Legal custody (decision-making authority) of the child(ren) shall be:

_____ A Shared by both parties.

_____ B With _____
(name or names)

Plaintiff's Initials: _____ **Defendant's Initials: _____**

7. The physical custody of the child(ren) shall be as follows:

(**Be as specific as possible.)**

Plaintiff's Schedule with Child(ren):

_____

_____

_____

_____

_____

_____

_____

_____

Defendant's Schedule with Child(ren):

_____

_____

_____

_____

_____

_____

_____

_____

_____

8. _____ This a new custody case. There is no current Custody Order.

or

_____ There is an existing Custody Order dated _____.

A copy of that order is attached. This Stipulation replaces all prior custody orders in this case.

Plaintiff's Initials:_____ **Defendant's Initials:** _____

9. If you wish to relocate with the minor child, you must provide notice to every other individual who has custody rights to the child according to the following guidelines. Notice must be sent by certified mail, return receipt requested, and shall be given no later than sixty (60) days before the date of proposed move, or the tenth (10^{th}) day after the date you have notice of relocation, if you did not know and could not reasonably have known of the relocation in sufficient time to comply with the sixty (60) day notice. The notice provided to every other individual who has custody right to the child must conform to 23 Pa. C.S.A §5537 and contain the following:

(1) The address of the intended new residence.
(2) The mailing address for the new residence.
(3) Names and ages of all the individuals who intend to live in the new residence.
(4) The home telephone number of the intended new residence, if available.
(5) The name of the new school district and school.
(6) The date of the proposed relocation.
(7) The reasons for the proposed relocation.
(8) A proposal for a revised custody schedule.
(9) Any other relevant information.

You must send with the notice a blank counter-affidavit conforming to 23 Pa. C.S.A. §5537 (d)(1), which can be used to object to the proposed relocation and the modification of a Custody Order.

The notice must warn the non-relocating party that if the non-relocating does not fill out and file with the court the counter-affidavit to object to the proposed relocation within thirty (30)days after receipt of the notice, that the party shall be foreclosed from objecting to the proposed relocation and forever lose their right to stop the relocation.

10.

_____ _____
(Mother's signature) (Date)

_____ _____
(Father's signature) (Date)

_____ _____
(Other signature, if applicable) (Date)

11. **AND NOW, this _____ day of _____, 20_____, the Court enters this Stipulation of the parties as an Order of this Court.**

BY THE COURT,

_____
J.

c: Petitioner (2) to provide a copy to the other party

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

THIS FORM IS CONFIDENTIAL

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)	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
And date of birth: _____ _____ (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

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: _____