

Custody Modification

IMPORTANT!!!

YOU ARE RESPONSIBLE FOR SERVICE of the Petition for Modification, a copy of your completed Criminal Record/Abuse History Verification, as well as a blank Criminal Record/Abuse History Verification upon the Defendant.

- Service shall be made by **CERTIFIED MAIL, RETURN RECEIPT REQUESTED, TO BE SIGNED BY THE ADDRESSEE ONLY.** (For further instructions on this procedure, contact your local post office.) **No other service by mail will constitute proper service.**

DO NOT PERSONALLY DELIVER THE FORMS to the Defendant yourself.

Proof of Service, in the form of a Return Receipt (green card from the post office) **MUST BE FILED** in the Prothonotary's Office prior to the initial hearing OR brought with you to Court for the initial hearing. **You MUST be able to show the Court that proper service was made and on what date and time.**

FAILURE TO PROVIDE PROOF OF SERVICE WILL RESULT IN A CONTINUANCE OF YOUR SCHEDULED HEARING. The Court is unable to act without proof of proper service.

It sometimes becomes necessary to make changes or modifications to your Custody Order. These changes should not be frivolous or entered into lightly without serious consideration. However, changes in residence, jobs, and the like may necessitate a change in the Order.

To modify your existing Order, file the enclosed Petition for Modification of Existing Order, along with the completed Criminal Record/Abuse History Verification in the Prothonotary's Office using the docket number on your Custody Order. You must also complete and file at the same time as the Petition for Modification of Existing Order, the Entry of Appearance as a Self-Represented Party. You must serve the Petition and Order upon the opposing party by certified mail, return receipt requested, to be signed by the addressee only. For further instructions on this procedure, contact your local post office.

Note: You must make two (2) copies of the Petition for Modification, Order and Notice and file them along with the original at the Prothonotary's Office.

)	No.	-	(MISC.)
Plaintiff)			
)			
Vs.)			
)			
)			
Defendant)			

ORDER OF COURT

You, _____, (Plaintiff) (Defendant), 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).

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.

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 are ordered to appear in person at the Clinton County Court House,

Lock Haven, Pennsylvania, for a (hearing) (conference) on _____,

at _____, _____.M. in Court Room No. _____.

If you fail to appear as provided by this Order, an Order for Custody may be entered against you or the Court may issue a warrant for your arrest.

BY THE COURT:

Date: _____ J.

CIVIL ACTION – LAW

_____)	No. _____	Misc.
Plaintiff)		
Vs.)	CUSTODY/	
)	VISITATION	
_____)		
Defendant)		

PETITION FOR MODIFICATION OF A CUSTODY ORDER

TO THE HONORABLE, THE JUDGES OF SAID COURT:

1. The Petitioner is _____, and resides at

_____.

Petitioner's telephone number is _____.

2. The Respondent is _____, and resides at

_____.

Respondent's telephone number is _____.

3. The parties are the parents of:

_____, born _____

_____, born _____

_____, born _____

_____, born _____

4. The petition of _____ (Petitioner) respectfully represents that on _____, 20__ an Order of Court was entered for (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody)

(4)

a. A true and correct copy of the Order is attached.

5. The Order should be modified because: _____

6. Modification of the existing Court Order is requested in the following respects:

7. Petitioner has attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No. 1915.3-2.

WHEREFORE, Petitioner requests that the Court modify the existing Order because it will be in the best interests of the child(ren).

(Attorney for Petitioner) (Petitioner)

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

Date: _____

Petitioner

Record/Abuse History Verification at the Prothonotary's Office in the Clinton County Courthouse, it is not adequate to simply talk to the other party about the custody action. A copy of the papers must be sent to the Plaintiff/Defendant following the instructions below. You must give the Plaintiff/Defendant legal notice that you have filed for custody, and this kind of notice is described as "service."

Service of the Order and Notice, the Petition and Criminal Record/Abuse History Verification is **YOUR** responsibility. The documents may be served by certified mail. To do so, you must send the Order and Notice and Petition by **certified mail, return receipt requested, restricted delivery** to the Plaintiff's/Defendant's address. "Restricted delivery" means that the return receipt must be signed by the Plaintiff/Defendant only.

Along with the above documents, you must serve a blank Criminal Record/Abuse History Verification to be completed by other parent.

When you go to the post office, someone at the window can help you prepare and send the certified mail. The cost **MUST** be paid; it will be approximately \$5.00.

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. For the time being, put this receipt into your folder of papers to save.

You should mail the documents to the Plaintiff/Defendant as soon as possible after you pick them up from the Prothonotary's Office. The Plaintiff/Defendant must receive them **at least ten (10) days before the hearing date.**

Once the Plaintiff/Defendant 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 Plaintiff's/Defendant's signature on it. When you receive the green receipt, you must save it. It is to be included with your original receipt and attached to the Affidavit of Service.

The final document in your packet is the Affidavit of Service. It should be completed and filed with the Prothonotary as soon as you receive the return receipt from the Plaintiff/Defendant. The sender's receipt (the little white receipt that you got at the post office) and the green card with the Plaintiff's/Defendant's signature should be stapled to the Affidavit of Service when it is filed.

(6)

HOW TO FILL OUT AND FILE THE AFFIDAVIT OF SERVICE

Caption -- You must fill out the names of the parties (Plaintiff and Defendant). Now that

the action has been filed, there is a docket number in the right side of the caption that was assigned by the Prothonotary. That number appears on your copies which you got back from the Prothonotary. Be sure that you neatly print or type the correct docket number in the space provided in the last line of the right hand side of the caption.

Fill in your name and circle whether you are Plaintiff or Defendant. Fill in the date you sent the papers to the other party and circle whether they are Plaintiff or Defendant (this date appears on your little white sender's receipt), the other party's name and address, and the date that the other party received the papers (this date is written on the green card). Staple your sender's receipt (the white receipt) and the green card (with the other party's signature) to the Affidavit. Sign and date the Affidavit and make one copy of it. (Be sure you copy the receipt and green card also.) Take the original and the copy to the Prothonotary. There is no fee to file this document. Have your copy file-stamped and **BRING IT WITH YOU TO THE HEARING.** The original will remain in the Prothonotary's Office and become part of the Court record. Put your copy in your file of documents which you are taking to the hearing.

(7)

IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA
CIVIL ACTION – LAW

)	No. _____ Misc.
Vs.	Plaintiff)
)	CUSTODY/ VISITATION
)	
)	
	Defendant)

AFFIDAVIT OF SERVICE

I, _____, Plaintiff/Defendant, certify that on the _____ day of _____, 20____, a true and correct copy of the Order and Notice, Petition for Modification of Existing Order and completed Criminal Record/Abuse History Verification were mailed by certified mail, restricted delivery to the Plaintiff/Defendant, _____, at this address:

_____.

Plaintiff/Defendant received the Petition on the _____ day of _____, 20____. Sender's receipt and return receipt are attached hereto.

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.A.§4904 relating to unsworn falsification to authorities.

_____ Date

_____ (Plaintiff) (Defendant)

_____,
 Plaintiff
 vs. _____
 Defendant

:
:
:
:
:
:
:
:
:
:
:

NO. _____

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. Unless indicated by my checking the box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. §6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2902 (relating to	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

unlawful restraint)

- | | | | | | |
|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa.C.S. §2903 (relating to false imprisonment) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3121 (relating to rape) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3122.1 (relating to statutory sexual assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3123 (relating to involuntary deviate sexual intercourse) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3124.1 (relating to sexual assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3125 (relating to aggravated indecent assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3126 (relating to indecent assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3127 (relating to indecent exposure) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S §3129 (relating to sexual intercourse with animal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S §3130 (relating to conduct relating to sex offenders) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3301 (relating to arson and related offenses) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §4302 (relating to incest) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §4303 (relating to | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

	concealing the death of child)				
<input type="checkbox"/>	18 Pa.C.S. §4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	23 Pa.C.S. §6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device _____ _____

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

Check all that apply	Self	Other household member	Date
<input type="checkbox"/> A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where? _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse:

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child(ren):

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain:

I verify that 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

**IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA
CIVIL ACTION – CUSTODY**

Plaintiff

:
:
:

vs. _____ : NO. _____
 :
 :
 _____, :
 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:

1. Unless indicated by my checking the box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. §6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2903 (relating to	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

false imprisonment)

- | | | | | | |
|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3121 (relating to rape) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3122.1 (relating to statutory sexual assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3123 (relating to involuntary deviate sexual intercourse) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3124.1 (relating to sexual assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3125 (relating to aggravated indecent assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3126 (relating to indecent assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3127 (relating to indecent exposure) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3129 (relating to sexual intercourse with animal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3130 (relating to conduct relating to sex offenders) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3301 (relating to arson and related offenses) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §4302 (relating to incest) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §4303 (relating to concealing the death of child) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

- | | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa.C.S. §4304 (relating to endangering welfare of children) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §4305 (relating to dealing in infant children) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §5902(b) (relating to prostitution and related offenses) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §6301 (relating to corruption of minors) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §6312 (relating to sexual abuse of children) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §6318 (relating to unlawful contact with minor) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §6320 (relating to sexual exploitation of children) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 23 Pa.C.S. §6114 (relating to contempt for violation of protection order or agreement) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Driving under the influence of drugs or alcohol | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Manufacture, sale, delivery, holding, offering for sale or possession of any controlled | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

substance or other drug or device

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

Check all that apply	Self	Other household member	Date
<input type="checkbox"/> A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where? _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse:

_____.

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child(ren):

_____.

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain:

I verify that 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

_____ IN THE COURT OF COMMON PLEAS
 PLAINTIFF _____ COUNTY, PENNSYLVANIA
 vs. _____
 NO. _____

 DEFENDANT

ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY

- I am the Plaintiff Defendant in the above-captioned case.
- I intend to represent myself in the custody, divorce, support, protection from abuse, paternity case.

Check only one box in Question 3

- This is a new case and I am representing myself. I have decided not to hire an attorney to represent me.
OR
 This is not a new case and I am representing myself. I have decided not to hire an attorney to represent me.
OR
 This is not a new case. _____ previously
 (Name of Attorney)
 represented me in this case. I have decided not to be represented by that attorney and direct the Prothonotary to remove that attorney as my counsel of record in this case.
 I have provided a copy of this form to that attorney listed above at the following address:

 That attorney has acknowledged his/her withdrawal from this case by signing this form.
 _____ Esq.
 (Attorney signature)

- I am entering my appearance as a self-represented party _____
 (Your Signature)

- I understand that I need to provide a street address or P.O. Box for the purpose of receiving all future pleadings and other legal notices. I further understand that this does not need to be my home address. My address for the purpose of receiving all future pleadings and other legal notices is:

I understand that this address will be the only address to which notices and pleadings in this case will be sent and that I am responsible to check the mail at this address so I do not miss important deadlines or proceedings.

I am not providing my address because I reside at a confidential location protected by the Protection From Abuse Act, 23 Pa. C.S. § 6112 and/or the Address Confidentiality Program, 23 Pa. C.S. § 6701-6713, and/or the Child Custody Act, 23 Pa. C.S. § 5336(b).

- My telephone number where I can be reached is _____
 I am not providing my telephone number because it is confidential pursuant to the Protection From Abuse Act, 23 Pa. C.S. § 6112 and/or the Child Custody Act, 23 Pa. C.S. § 5336(c).

7. I UNDERSTAND I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.

- I understand that I must ensure that a copy of this form is served on all other attorneys or other self-represented parties at the following addresses as listed below: (Use reverse side if you need more space)

Name _____ Address _____
 Name _____ Address _____

- I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities that could result in a fine and/or prison term.

_____ Date _____ (Your Signature)