

INSTRUCTIONS AND FORMS FOR FILING PRO SE CUSTODY ACTIONS IN  
CLINTON COUNTY

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This packet contains all the forms you need to file pro se as well as instructions and other useful materials.

## KEY CUSTODY DEFINITIONS

Plaintiff:	The person bringing the action.
Defendant:	The person you are bringing the action against (usually the other parent).
Physical Custody:	Child lives with you.
Legal Custody:	The legal right to make major decisions affecting the best interest of a minor child including, but not limited to, medical, religious and educational interests.
Sole Custody:	An award to one person only. Could be sole legal, sole physical, or both.
Shared Custody:	Frequent and continuous contact with both parents. Could be shared legal, shared physical, or both.
Primary Physical Custody:	The parent who has physical custody most of the time.
Visitation:	The right to visit a child only, and does not include the right to remove a child from the parent's control.

## GENERAL GUIDELINES FOR CHILD CUSTODY AND VISITATION

These guidelines are provided to help you and the other parent be responsible, reasonable, and flexible in carrying out a child custody and visitation schedule for the best interest of your child. Naturally, they are general and do not address every problem.

1. The Court order or agreement generally provides a schedule which must be followed unless the parties agree to change it.
2. If both parents agree, you can use the Court order or agreement as the basic blueprint and adapt it to fit your changing needs.
3. If you cannot agree to changes with the other parent, then you both must obey the schedule set out in the Court order or agreement.
4. If there are disputes or disagreements about the meaning of the order or agreement or if there are substantial changes in your or the other parent's living situation, contact your lawyer or the Court. Do not simply disobey the order or agreement. You could be held in contempt.
5. Neither parent generally has the right to be in the other's house without expressed permission.
6. Neither parent should use illegal drugs or drink an excessive amount of alcohol at any time, but especially not before or during periods of custody or visitation.
7. Transportation of the child by car by either parent (or anyone else) should be in a car which is in good running condition, currently inspected, registered, and insured, and driven in a safe manner by a responsible driver with a current valid license. A car seat for infants must be used.
8. The child should be ready to be picked up on time. The parent doing the transporting should be on time.
9. A parent should not expect to receive unscheduled or late night visits or to make changes in the schedule without adequate advance notice to the other parent. Call first or arrange it ahead of time.

10. The best time to agree on unscheduled visits or changes is at the end of the previous visit.
11. Both parents should recognize that illness, work schedules, car problems, and special opportunities may require changes, but that changes must not be proposed simply to prevent or make difficult the other parent's right to visit.
12. Both parents should be responsible and flexible in making or responding to requests for changes.
13. Neither parent should threaten, harass, assault, or provoke the other parent.
14. Neither parent should curse at or speak unkindly of the other parent, especially not in the child's presence.
15. Both parents should remember that it is generally in the child's best interest to know, love and respect both parents.

INSTRUCTIONS FOR PRO SE CUSTODY ACTIONS IN CLINTON COUNTY

1. Read and fill out the forms **COMPLETELY**.
  - 1A - You are the **PLAINTIFF**. (The person bringing the action).
  - 1B - The **DEFENDANT** is the person you are bringing the action against, usually the other parent.
2. If you do not think you can pay the filing fee, you can ask the Court to waive the costs. The form you need to fill out is the Petition for Waiver of Costs. The Court will review your petition and decide whether or not you will have to pay the costs.
3. Return all completed forms to the Prothonotary's Office, First Floor, Clinton County Court House, Lock Haven, Pennsylvania.
4. Once the forms are reviewed and filed by court officials and the Prothonotary, two copies will be returned to you. You are responsible for service of the Complaint and Order (or modification or any other action) upon the opposing party.
5. Service can be made by the Clinton County Sheriff's Department. Their office is in the basement of the Court House. This service will cost you approximately Fifty (\$50.00) Dollars, unless the costs are waived by the Court.
6. You may also serve the Complaint and Order by certified mail. To do so you must send the Complaint and Order 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 is proper.
7. Do not personally deliver the forms to the Defendant yourself. This would not be proper service according to the Court rules since you are a party to the lawsuit. Service must be made within thirty (30) days from the date of the filing of the Complaint and Order with the Prothonotary's Office.
8. Proof of service **MUST BE BROUGHT TO THE HEARING OR FILED IN THE PROTHONOTARY'S OFFICE**. You must be able to show the Court that service was made and on what date and time. If proper service is not made, you should contact the office listed below at least 24 hours prior to the scheduled hearing.

Court Administrator's Office  
Clinton County Court House  
2nd Floor  
Lock Haven, PA 17745  
(570) 893-4016

IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA

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

**NOTICE**

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must appear at the time and place indicated on the following Order. You are warned that if you fail to do so, the case will proceed without you and an Order may be entered without further notice for any relief requested by the Plaintiff. Rights important to you may be affected.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE 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.**

Court Administrator  
Clinton County Court House  
230 E. Water St.  
Lock Haven, Pennsylvania 17745  
570-893-4016

AMERICANS WITH DISABILITIES  
ACT OF 1990

The Court of Common Pleas of Clinton 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 our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA

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

COMPLAINT FOR (CUSTODY)/(PARTIAL CUSTODY)/(VISITATION)

The Plaintiff is \_\_\_\_\_, residing at \_\_\_\_\_;  
telephone number - \_\_\_\_\_.

The Defendant is \_\_\_\_\_, residing at \_\_\_\_\_;  
telephone number - \_\_\_\_\_.

Plaintiff seeks (custody)/(partial custody)/(visitation) of the following child(ren):

<u>Name</u>	<u>Present Residence</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child(ren) (was/were) (wasn't/weren't) born out of wedlock.

The child(ren) (is/are) presently in the custody of \_\_\_\_\_  
who resides at \_\_\_\_\_.

During the past five years, the child(ren) has/have resided with the following persons and at the following addresses:

<u>(List All Persons)</u>	<u>(List All Addresses)</u>	<u>(Dates)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The mother of the child(ren) is \_\_\_\_\_,  
currently residing at \_\_\_\_\_.

She is (married)/(divorced)/(single).

The father of the child(ren) is \_\_\_\_\_,  
currently residing at \_\_\_\_\_.

He is (married)/(divorced)/(single).

The relationship of Plaintiff to child(ren) is that of \_\_\_\_\_.

The Plaintiff currently resides with the following persons:

<u>Name</u>	<u>Relationship</u>
_____	_____

The relationship of Defendant to child(ren) is that of \_\_\_\_\_.

The Defendant currently resides with the following persons:

<u>Name</u>	<u>Relationship</u>
_____	_____

Plaintiff (has) (has not) participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child(ren) in this or another court. The Court, term and number, and its relationship to this action is:

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Plaintiff (has) (has no) information of a custody proceeding concerning the child(ren) pending in a court of this Commonwealth. The Court, term and number, and its relationship to this action is: \_\_\_\_\_.

Plaintiff (knows) (does not know) of a person not a party to the proceedings who has physical custody of the child(ren) or claims to have custody or visitation rights with respect to the child(ren). The name and address of such person is:

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The best interest and permanent welfare of the child(ren) will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the best interest and permanent welfare of the child(ren)):

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Each parent whose parental rights to the child(ren) have not been terminated and the person who has physical custody of the child(ren) have been named as parties to this

action. All other persons, named below, who are known to have or claim a right to custody or visitation of the child(ren) will be given notice of the pendency of this action and the right to intervene:

<u>Name</u>	<u>Address</u>	<u>Basis of Claim</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wherefore, Plaintiff requests the Court to grant (custody)/(partial custody)/(visitation) of the child(ren).

IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA

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

VERIFICATION

I verify that the statements made in this Complaint 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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff

IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA

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

ORDER OF COURT

You are ordered to appear in person at the Clinton County Court House, Lock Haven, Pennsylvania, for a hearing on \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.M. in Court Room No. \_\_\_\_\_.

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

BY THE COURT:

Date: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA

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

PETITION FOR WAIVER OF COSTS

1. I am the (Plaintiff/Defendant) in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending the action or proceeding.

2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.

3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

a. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

b. EMPLOYMENT:

If you are presently employed, state:

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SALARY OR WAGES PER MONTH: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_

If you are presently unemployed, state:

DATE OF LAST EMPLOYMENT: \_\_\_\_\_

SALARY OR WAGES PER MONTH: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_

c. OTHER INCOME WITHIN THE PAST TWELVE MONTHS:

BUSINESS OR PROFESSION: \$ \_\_\_\_\_

OTHER SELF-EMPLOYMENT: \$ \_\_\_\_\_

INTEREST: \$ \_\_\_\_\_

DIVIDENDS: \$ \_\_\_\_\_

PENSION OR ANNUITIES: \$ \_\_\_\_\_

SOCIAL SECURITY BENEFITS: \$ \_\_\_\_\_

SUPPORT PAYMENTS: \$ \_\_\_\_\_

DISABILITY PAYMENTS: \$ \_\_\_\_\_

UNEMPLOYMENT COMPENSATION: \$ \_\_\_\_\_

WORKER'S COMPENSATION: \$ \_\_\_\_\_

PUBLIC ASSISTANCE: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

d. OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:

HUSBAND/WIFE - NAME: \_\_\_\_\_

If your husband/wife is employed, state:

EMPLOYER: \_\_\_\_\_

SALARY OR WAGES PER MONTH: \$ \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_

CONTRIBUTIONS FROM CHILDREN: \$ \_\_\_\_\_

CONTRIBUTIONS FROM PARENTS: \$ \_\_\_\_\_

OTHER CONTRIBUTIONS: \$ \_\_\_\_\_

e. PROPERTY OWNED:

CASH: \$ \_\_\_\_\_

CHECKING ACCOUNT: \$ \_\_\_\_\_

SAVINGS ACCOUNT: \$ \_\_\_\_\_

CERTIFICATES OF DEPOSIT: \$ \_\_\_\_\_

REAL ESTATE (HOME OR LAND):

VALUE: \$ \_\_\_\_\_

HOW MUCH IS OWED: \$ \_\_\_\_\_

WHERE LOCATED: \_\_\_\_\_

TAXES (PER YEAR): \$ \_\_\_\_\_

MOTOR VEHICLE:

MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_

COST: \$ \_\_\_\_\_

AMOUNT OWED: \$ \_\_\_\_\_

STOCKS/BONDS: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_ DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

f. DEBTS AND OBLIGATIONS PER MONTH

MORTGAGE/RENT: \$ \_\_\_\_\_

UTILITIES:

ELECTRIC: \$ \_\_\_\_\_

WATER/SEWER: \$ \_\_\_\_\_

OIL/GAS/COAL: \$ \_\_\_\_\_

PHONE: \$ \_\_\_\_\_

TV/CABLE: \$ \_\_\_\_\_

GARBAGE: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

LOANS: \$ \_\_\_\_\_

CREDIT CARDS: \$ \_\_\_\_\_

FOOD: \$ \_\_\_\_\_

NON-FOOD: \$ \_\_\_\_\_

CLOTHING: \$ \_\_\_\_\_

CHILD SUPPORT: \$ \_\_\_\_\_

CHILD CARE: \$ \_\_\_\_\_

TRANSPORTATION COSTS: \$ \_\_\_\_\_

CAR PAYMENT: \$ \_\_\_\_\_

REPAIR COSTS: \$ \_\_\_\_\_

MEDICAL BILLS: \$ \_\_\_\_\_

PRESCRIPTIONS: \$ \_\_\_\_\_

BACK TAXES: \$ \_\_\_\_\_

(Personal, Real Estate)

MISCELLANEOUS HOUSEHOLD EXPENSES: \$ \_\_\_\_\_

\_\_\_\_\_

g. PERSONS DEPENDENT UPON YOU FOR SUPPORT

CHILDREN, IF ANY:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OTHER PERSONS:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.

I verify that the statements made in this affidavit 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: \_\_\_\_\_  
Signature of Plaintiff/Defendant

IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA

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

ORDER

NOW, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
upon consideration of the foregoing Petition and Affidavit, IT IS ORDERED  
AND DIRECTED that \_\_\_\_\_  
be permitted to proceed in this action in forma pauper is pursuant to Pa. R.C.P.  
§240 (f).

BY THE COURT:

\_\_\_\_\_