

**IMPORTANT!!!**

**YOU ARE RESPONSIBLE FOR SERVICE** of the Complaint, Notice, Order, a copy of your completed Criminal Record/Abuse History Verification, as well as a blank Criminal Record/Abuse History Verification upon the Defendant **WITHIN THIRTY (30) DAYS from the date of filing the Complaint and Order with the Prothonotary's Office.**

- Service can be made by the **CLINTON COUNTY SHERIFF'S DEPARTMENT**, which is located in the basement of the Clinton County Courthouse. Service may also 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. This would not be proper service according to the Court rules because you are a party to the lawsuit.

Proof of Service, in the form of a Return Receipt (green card from the post office) or an Affidavit of Service from the Sheriff's Dept., **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.**

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

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Criminal Record/Abuse History Verification (2 copies)  
Confidential Information Form

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:	The actual physical possession and control of a child.
Legal Custody:	The legal right to make major decisions on behalf of the 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 for the majority of the time.
Partial Physical Custody:	The parent who has physical custody for less than a majority of the time.
Supervised Physical Custody:	This 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.

## GENERAL GUIDELINES FOR CHILD CUSTODY

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. If required by law, a car seat for children 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**. You must also complete the Criminal/Abuse History Verification and Entry of Appearance as a Self-Represented Party and Confidential Information Form.
  - 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 Affidavit of In Forma Pauperis Status. 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. You must also serve the Criminal/History Verification that you completed upon the opposing party, along with a blank Criminal/Abuse History Verification that the opposing party must complete.
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. Service may also be accomplished 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

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

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

Plaintiff seeks (shared legal custody), (sole legal custody), (partial physical custody), (primary physical custody), (shared physical custody), (sole physical custody), (supervised physical custody) of the following child(ren):

<u>Name</u>	<u>Present Residence</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 custodial 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 action. All other persons, named below, who are known to have or claim a right to custody 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the Plaintiff is a grandparent who is not in loco parentis to the child and is seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5323, you must plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(3). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the Plaintiff is a grandparent or great-grandparent who is seeking partial physical custody or supervised physical custody pursuant to 23 Pa.C.S. § 5325, you must plead facts establishing standing pursuant to § 5325. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the Plaintiff is a person seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5324(2) as a person who stands in loco parentis to the child, you must plead facts establishing standing. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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

Wherefore, Plaintiff requests the Court to grant (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).

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, \_\_\_\_\_, (defendant) (respondent), 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) (custody 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.

**IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA  
MISCELLANEOUS**

Plaintiff	)	No. _____ (Misc.)
	)	IN CUSTODY
	)	
vs	)	
	)	
Defendant	)	

**ORDER**

**AND NOW**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Court having reviewed the Plaintiff's Petition and Affidavit of In Forma Pauperis Status, **IT IS HEREBY ORDERED AND DIRECTED:**

(\_\_\_\_) That the request of \_\_\_\_\_, Plaintiff, to proceed in forma pauperis pursuant to Pa. R.C.P. §240(f) is **GRANTED**.

(\_\_\_\_) That the request of \_\_\_\_\_, Plaintiff, to proceed in forma pauperis pursuant to Pa. R.C.P. §240(f) is **DENIED** for the following reason(s):

\_\_\_\_\_ Affidavit is Incomplete

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

**BY THE COURT:**

\_\_\_\_\_  
J.

cc: \_\_\_\_\_, Plaintiff



**IN THE COURT OF COMMON PLEAS OF CLINTON COUNTY, PENNSYLVANIA  
MISCELLANEOUS**

_____ ,	)	No. _____ (Misc.)
Plaintiff	)	IN CUSTODY
	)	
vs	)	
	)	
_____ ,	)	
Defendant	)	

**AFFIDAVIT OF IN FORMA PAUPERIS STATUS**

**This Affidavit must be completed in its entirety. If a response is unknown or not applicable, indicate by UK or N/A**

1. I am the Plaintiff 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:** \_\_\_\_\_

(b) Employment: Are presently employed? Yes / No [circle one]

If you are presently employed, provide the following:

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Gross Salary or Wages per Month: \$ \_\_\_\_\_

Bring Home Salary or Wages per Month: \$ \_\_\_\_\_

Type of Work: \_\_\_\_\_

Date Employment Started: \_\_\_\_\_

If NOT Currently Employed,

Last Date of Work: \_\_\_\_\_

Reason For Separation From Employer:

Terminated Quit Laid Off Retired Other \_\_\_\_\_ [check one]

(c) Other income within past twelve (12) months:

Business or profession: \$ \_\_\_\_\_  
Second Job: \$ \_\_\_\_\_  
Self-Employment: \$ \_\_\_\_\_  
Interest: \$ \_\_\_\_\_  
Dividends: \$ \_\_\_\_\_  
Pension or Annuities: \$ \_\_\_\_\_  
Social Security Benefits: \$ \_\_\_\_\_  
SSI Benefits: \$ \_\_\_\_\_  
Support Payments: \$ \_\_\_\_\_  
Disability Payments: \$ \_\_\_\_\_  
Unemployment Compensation & Supplemental Benefits: \$ \_\_\_\_\_  
Workers' Compensation: \$ \_\_\_\_\_  
Public Assistance: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

(d) Other Contributions to Household Support:

(Wife) (Husband) Name: \_\_\_\_\_

If your (Wife) (Husband) 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 Deposits: \$ \_\_\_\_\_

Real Estate (including home): \$ \_\_\_\_\_

Motor Vehicle: Make: \_\_\_\_\_ Year: \_\_\_\_\_

Cost: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Stocks, Bonds: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

(f) Debts and Obligations:

Mortgage: \$ \_\_\_\_\_

Rent: \$ \_\_\_\_\_

Loans: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Are You Paying Support for Another Person/Child/Spouse: Yes No

Amount: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

\$ \_\_\_\_\_

(g) Persons Living in Your House:

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employment: \_\_\_\_\_ Monthly Wages: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employment: \_\_\_\_\_ Monthly Wages: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employment: \_\_\_\_\_ Monthly Wages: \$ \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employment: \_\_\_\_\_ Monthly Wages: \$ \_\_\_\_\_

(h) Is there a Custody Order in place? If so, attach a copy of Order.

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.

5. **I verify that the statements made in the 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) Petitioner

**MAKE SURE YOU HAVE RESPONDED TO EACH QUESTION. AN INCOMPLETE AFFIDAVIT WILL RESULT IN A DENIAL.**

\_\_\_\_\_ IN THE COURT OF COMMON PLEAS  
 PLAINTIFF \_\_\_\_\_ COUNTY, PENNSYLVANIA  
 vs. \_\_\_\_\_  
 NO. \_\_\_\_\_  
 \_\_\_\_\_  
 DEFENDANT

**ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY**

1. I am the  Plaintiff  Defendant in the above-captioned case.
2. I intend to represent myself in the  custody,  divorce,  support,  protection from abuse,  paternity case.
3. 

**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)

4.  I am entering my appearance as a self-represented party \_\_\_\_\_  
 (Your Signature)

5. 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).

6. 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.**

8. 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 \_\_\_\_\_

9. 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)

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

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<br>that apply  | Self                     | Other household<br>member | Date  |
|--------------------------|--------------------------|---------------------------|-------|
| <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   \_\_\_\_\_

Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction.   \_\_\_\_\_

Where? \_\_\_\_\_

Other: \_\_\_\_\_   \_\_\_\_\_

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

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<br>that apply   | Self                     | Other household<br>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"/>  | _____ |

Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction   \_\_\_\_\_

Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction.   \_\_\_\_\_

Where? \_\_\_\_\_

Other: \_\_\_\_\_   \_\_\_\_\_

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