



PROTHONOTARY / CLERK OF COURTS
(COURT OF COMMON PLEAS OF MIFFLIN COUNTY)
20 NORTH WAYNE STREET
LEWISTOWN, PA 17044
Phone (717) 248-8146 FAX (717) 248-5275
Hours: 8:00am - 4:30pm
Monday - Friday

Mifflin County Pro Se Custody Complaint

HOW TO FILE A CUSTODY COMPLAINT IN MIFFLIN COUNTY

Generally speaking, you will need to file a custody complaint in the county where the child(ren) has lived for the past six (6) months.

All paperwork in this packet must be completed along with the IFP, if applicable. The only thing you **DO NOT** fill out now is the Certificate of Service. The Certificate of Service will not be filled out or filed until after service is made to all of the parties involved. **Filing fee is \$154.75 (cash or money order made payable to Mifflin County Prothonotary).** WE DO NOT ACCEPT PERSONAL CHECKS.

Take the original documents along with the filing fee to the Prothonotary's office located on the first floor of the courthouse (address listed above). Be sure that **all copies of the Complaint** are stamped "FILED" by the Prothonotary and returned to you.

After filing the documents at the Prothonotary's Office you will need to serve a copy of the complaint on all of the parties listed on the complaint.

After the Judges' office assigns a hearing date and time, you and the defendant will receive a copy of this order in the mail. You will need to appear for this hearing at the date and time specified.

**DO NOT WRITE ON THE BACKSIDE OF THESE FORMS. PLEASE
ADD ADDITIONAL SHEETS OF PAPER IF NEEDED.**

DISCLAIMER BY THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY, PA

The Court staff will not be able to give you legal advice or help you fill out/complete the forms. The information in the packets is not a substitute for professional legal advice. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. If you want to obtain the services of an attorney but do not know whom to contact, you may call Mid Penn Legal Services at (717)248-3099 or (814)238-4958 or Pennsylvania Lawyer Referral listing at (800)692-7375 or log onto palawhel.org.

IN THE COURT OF COMMON PLEAS OF Mifflin COUNTY, PENNSYLVANIA

Plaintiff

No. CP-44-CV- -20

v.

Defendant

IN CUSTODY

COMPLAINT FOR CUSTODY

1. The plaintiff is _____ (name), residing at

(Street) (City) (State) (Zip Code) (County)

2. The defendant is _____ (name), residing at

(Street) (City) (State) (Zip Code) (County)

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

Initials ONLY

Present Residence

Age

<u>Initials ONLY</u>	<u>Present Residence</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child () was, () was not, born out of wedlock.

The child is presently in the custody of _____ (name)

who resides at _____ (address)

(Street) (City) (State) (ZipCode)

During the past five years, the child has resided with the following persons and at the following addresses:

<u>List all Persons</u>	<u>List all Addresses</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

A parent of the child is _____, currently residing at _____.

This parent is () Married () Divorced () Single.

A parent of the child is _____, currently residing at _____.

This parent is () Married () Divorced () Single.

4. The relationship of plaintiff to the child is that of _____.

The plaintiff currently resides with the following persons: (FOR CHILDREN USE INITIALS ONLY)

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

5. The relationship of defendant to the child is that of _____.

The defendant currently resides with the following persons: (FOR CHILDREN USE INITIALS ONLY)

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

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

_____.

Plaintiff () has () has no information of a custody proceeding concerning the child 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 or claims to have custodial rights with respect to the child. The name and address of such person is:

7. The best interest and permanent welfare of the child 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):

8. Each parent whose parental rights to the child have not been terminated and the person who has physical custody of the child have been named as parties to this action. All other persons, named below, who are known to have or claim a right to custody of the child have been given notice of the pendency of this action and the right to intervene:

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

9. Plaintiff has 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 and () partial physical custody () primary physical custody () sole physical custody () shared physical custody () supervised physical custody of the child.

Plaintiff's Signature

Defendant's contact information:

Defendant's Name

Defendant's Street Address

Plaintiff's Street Address

Defendant's City, State and Zip Code

Plaintiff's City, State and Zip Code

Defendant's Cell Phone Number

Plaintiff's Cell Phone Number

Defendant's Land Line Number

Plaintiff's Land Line Number

Defendant's Email Address

Plaintiff's Email Address

VERIFICATION

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

Plaintiff's Signature

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____
Print name of who filed document

Signature: _____

Name: _____
Print

Attorney No. (if applicable): _____

PETITION TO PROCEED INFORMA PAUPERIS (IFP)

PRINT NEATLY IN BLUE OR BLACK INK

To file this Custody Complaint it will cost **\$154.75** (cash or money order). However, it may be possible to have this filing fee waived if you can prove to the court that you cannot afford to pay the **\$154.75**.

To do this, you must file a Petition to Proceed In Forma Pauperis (“IFP”). An IFP is a detailed list of your income and expenses. You must complete the IFP and file it along with your Custody Complaint at the Prothonotary’s Office. Fill in the information to the best of your ability and remember to sign and date at the bottom.

Sometimes psychological studies and/or home studies of the parties will be ordered by the Court. These studies may cost you money and can be very expensive depending on the number of individuals involved. The Court will issue an Order regarding payment of the fees.



**IN FORMA PAUPERIS AFFIDAVIT
PETITION**

vs.

Docket No: CP-44-CV- - 20
Case Filed:

STATEMENT OF THE PETITIONER

I hereby request that this Court permit me to proceed in forma pauperis (without payment of the filing fee). In support of this I state the following:

- 1. I am the plaintiff in the above matter and because of my financial condition am unable to pay the fee for filing this action.
- 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.

NAME AND ADDRESS

If you are presently employed, state employer:

Name: _____
 Address 1: _____
 Address 2: _____
 City: _____
 State: _____
 Zip: _____

Name: _____
 Address 1: _____
 Address 2: _____
 City: _____
 State: _____ Zip: _____
 SALARY OR WAGES PER MONTH _____

TYPE OF WORK

If you are presently unemployed, state:

THE DATE OF MY LAST EMPLOYMENT WAS _____

SALARY OR WAGES PER MONTH _____

TYPE OF WORK

OTHER INCOME RECEIVED WITHIN THE PAST TWELVE MONTHS

BUSINESS OR PROFESSION	INTEREST
OTHER SELF-EMPLOYMENT	DIVIDENDS
PENSION AND ANNUITIES	SUPPORT PAYMENTS
SOCIAL SECURITY BENEFITS	DISABILITY PAYMENTS
WORKERS' COMPENSATION	PUBLIC ASSISTANCE
UNEMPLOYMENT COMPENSATION AND SUPPLEMENTAL BENEFITS	
OTHER	

Case Name: _____	Docket Number: CP-44-CV- _____ - 20__
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OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT

SPOUSE'S NAME	<input type="checkbox"/> MY SPOUSE IS EMPLOYED
SPOUSE'S EMPLOYER	SALARY OR WAGES PER MONTH
TYPE OF WORK	
CONTRIBUTIONS FROM CHILDREN	CONTRIBUTIONS FROM PARENTS
OTHER CONTRIBUTIONS	

PROPERTY OWNED

CASH	CHECKING ACCOUNT
SAVINGS ACCOUNT	CERTIFICATES OF DEPOSIT
REAL ESTATE (INCLUDING HOME)	
MOTOR VEHICLE MAKE	YEAR
COST	AMOUNT OWED
STOCKS; BONDS	OTHER

DEBTS AND OBLIGATIONS

MORTGAGE	RENT
LOANS	OTHER

PERSONS DEPENDANT UPON ME FOR SUPPORT

<input type="checkbox"/> SPOUSE NAME	
<input type="checkbox"/> AGES OF MINOR CHILDREN IF ANY	
<input type="checkbox"/> OTHER PERSONS - NAME (NON-MINOR)	RELATIONSHIP
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.
- 5. I verify that the statements made in this petition are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Date: _____ Signature of Petitioner

Action by the Prothonotary : _____

Date Prothonotary/Deputy

IN THE COURT OF COMMON PLEAS OF Mifflin COUNTY PENNSYLVANIA

Plaintiff

No. CP-44-CV- - 20

v.

Defendant

____ CUSTODY ____ DIVORCE

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY
PURSUANT TO Pa.R.C.P. No. 1930.8**

I, _____, () Plaintiff or () Defendant, represent myself in the within action.

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

___ Remove _____, Esq., as my attorney of record.

___ Withdraw my appearance for the filing party.

_____ Esq. (Print name) ID# _____

_____ Signature DATE: _____

I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

All pleadings and legal papers can be served on me at the address listed below, which may or may not be my home address pursuant to Rule 1930.8:

Print Name

Signature

Telephone number

Address

Fax number

City, State, Zip Code

Date

THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS, INCLUDING THE ATTORNEY REMOVED FROM THE CASE.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, 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.

Mid Penn Legal Services

(Name)
3500 E. College Ave, Ste 1295

(Street Address)
State College, PA 16801

(City, State, Zip Code)
(800) 326-9177

(Telephone)

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Mifflin 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.

BY THE COURT

Date: _____ J.

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY, PENNSYLVANIA

Plaintiff

v.

Defendant

:
:
:
:
:
:
:

No. CP-44-CV-_____ - 20__

CUSTODY

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:

<u>Check all that apply</u>	<u>Crime</u>	<u>Self</u>	<u>Other household member</u>	<u>Date of conviction, guilty plea or no contest plea, or pending charges</u>	<u>Sentence</u>
<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"/>	_____	_____

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea or no contest plea, or pending charges	Sentence
<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"/>	_____	_____

Check all that apply	<u>Crime</u>	<u>Self</u>	<u>Other household member</u>	<u>Date of conviction, guilty plea or no contest plea, or pending charges</u>	<u>Sentence</u>
<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 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"/>	_____	_____

<u>Check all that apply</u>	<u>Crime</u>	<u>Self</u>	<u>Other Household Member</u>	<u>Date of conviction, guilty plea or no contest plea, or pending charges</u>	<u>Sentence</u>
<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 substance or other drug or 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:

<u>Check all that apply</u>		<u>Self</u>	<u>Other Household Member</u>	<u>Date</u>
<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"/>	_____

**Check
all that
apply**

Self

**Other
Household
Member**

Date

- | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|
| <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 Children & Youth 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.

5. If you are aware that the other party or members of the other party's household has or have a criminal record/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

Date: _____

Printed Name

INSTRUCTIONS FOR SERVICE OF COMPLAINT FOR CUSTODY, PARTIAL CUSTODY OR VISITATION

After you have filed complaint in the Prothonotary's office, you are required to serve all Defendants with a copy of this complaint.

There are several ways you can handle the serving of the court papers upon the Defendant. This packet will explain two of them.

- 1) **Service by mail.** This is probably the best way to serve your Complaint. You will need to mail the complaint by first class mail. The type of mailing you must use is called certified mailing, restricted delivery, with a return receipt requested. Your post office worker will be able to help you fill in the certified mailing papers correctly.

This type of mailing is used because the Defendant must sign for the documents before the postal worker will deliver it. This means that you can prove that the Defendant got the complaint because the post office will return a special green card to you that shows the date and time that the letter was given to the Defendant. It is very important you keep this green card because you must file it with the Prothonotary so the judge can see the Defendant was served. As soon as you receive the return receipt card back from the post office you will then complete a Certificate of Service and file it with the Prothonotary. Do not forget to staple the return receipt card to the Certificate of Service you fill in and sign.

- 2) **Personal Service.** You can have any competent adult who is not a party in the case hand the complaint to the Defendant. An adult is someone eighteen years of age or older. A person is a competent adult if he or she can accurately remember the time and place that the court papers were handed to the Defendant and is capable of reporting that information to the judge. **You, because you are a party in the case, may not be the one to hand the papers to the Defendant.** You should not have another person hand the papers to the Defendant if there is any danger that the Defendant may harm them. It is generally best in all cases to have the Sheriff handle the service or do it by mail.

If you find it necessary to have another person hand the papers to the Defendant, then that person is the one who must sign the Certification of Service. Have the Certification signed as soon as possible after service is made and file it with the Prothonotary.

If the person serving the papers cannot find the Defendant, he or she may hand the papers to an adult family member of the Defendant living in the same home as the Defendant or who is in charge of that home. If the Defendant lives in a hotel, an apartment house, or a boarding house, the person serving the papers may hand them to the clerk or manager of the residence. The papers may also be handed to the person in charge where the Defendant works. In any case, the person serving the papers must get the name of the person to whom the papers are handed and put the name in the space provided on the Certificate of Service.

Properly serving complaint is very important. If this is not handled properly the court may delay the hearing in your case.

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY, PENNSYLVANIA
CIVIL ACTION - CUSTODY

Plaintiff :
v. : CP-44-CV- _____ -20_____
Defendant :

CERTIFICATE OF SERVICE FOR COMPLAINTS
FOR CUSTODY, PARTIAL CUSTODY OR VISITATION

I, _____, hereby certify
that on the _____ day of _____, 20_____, I served
the Defendant with a true and correct copy of a complaint for
(custody) (partial custody) (visitation) by one of the following
methods:

(CHECK ONE)

() Service was made by United States Postal Service, first class,
postage prepaid, certified, restricted delivery, return receipt
requested to the Defendant, on the _____ day of _____, 20_____.
The return receipt signed by the Defendant is attached hereto.

() The Defendant was personally served with a true and correct copy
of the above pleading by hand-delivering the same to the Defendant or
by handing a copy at the residence or place of business of the
Defendant as set forth in Pa. R.C.P. §402. Personal service was made
at the following location and time:

_____ on the _____ day
of _____, 20____, at _____ o'clock. If service was
made on an adult, other than the Defendant, at the residence or place
of business, the name of this adult is _____.

I verify that the statements made in this certificate of service
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 Person Who Made Service

**CONFIDENTIAL
INFORMATION
FORM**



Instructions for Completing the Confidential Information Form

The following information is confidential and 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. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
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. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.C.P. No. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.C.P. No. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof; a magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**CONFIDENTIAL
INFORMATION
FORM**



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania
204 Pa. Code § 213.81
www.pacourts.us/public-records

(Party name as displayed in case caption) CP-44-CV- -20
Docket/Case No.

Vs.

(Party name as displayed in case caption) Court

This form is associated with the pleading titled _____, dated _____.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, 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:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL
INFORMATION
FORM**



Additional page(s) attached. _____ total pages are attached to this filing.

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* 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.

**CONFIDENTIAL
INFORMATION
FORM**



Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>
<p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>