

Filing Fee: \$156.75
Cash Or Money Order



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 Divorce Packet

These forms and instructions have been developed so you will not need a lawyer to file for a No-Fault Consensual Divorce. You may file legal papers and appear in court by yourself. This system is called "pro se."

These materials can **only** be used to file for a divorce if your spouse will consent to the divorce. In addition, marital property and alimony must not be issues. If you have any questions about these issues, you should contact an attorney before filing a pro se divorce because if these matters are not handled through the divorce, you will lose all rights to them. In addition, you must have lived in Pennsylvania for at least six months, your spouse must not be in the military, and you must both be at least eighteen (18) years old.

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 Lawful Referral listing at (800)692-7375 or log onto palawhelp.org

INFORMATION ON THE PACKET

The information and forms provided are **ONLY** for a No-Fault Consent Divorce when neither party will request alimony pendente lite, alimony or an equitable distribution of marital property. If marital property or alimony will be an issue in the divorce, you should consult a private attorney. The information and forms are not for you if any of the following pertain to you:

1. If you have not been a resident of Pennsylvania for at least six (6) months;
2. If you want to request any kind of alimony;
3. If you have marital property that needs to be divided because you and your spouse cannot agree on how to divide it;
4. If you wish to request attorney's fees or court costs; and
5. If your spouse is in the military service.

FEES AND IN FORMA PAPERIS INFORMATION

To file this Divorce Complaint it will cost **\$156.75** (cash or money order). However, it may be possible to have this filing fee reduced if you can prove to the court that you cannot afford to pay the \$156.75.

To do this, you must file a Petition to Proceed In Forma Pauperis ("IFP"). An IFP simply is a detailed list of your income and expenses. You must complete the IFP and file it along with your Divorce complaint at the Prothonotary's office. Fill out the information to the best of your ability and don't forget to sign and date the bottom.

FILING AND SERVICE INFORMATION

You will need to file the Notice to Defend and Claim Rights, Complaint for Divorce, Certificate of Compliance, Entry of Appearance as a Self-Represented Party, Affidavit of Non-Military Service and IFP (if needed) to start the proceeding

The Prothonotary will keep the original for filing and return two date-stamped copies of the paperwork to you, be sure the docket number is on each copy you receive. You must serve one copy on the Defendant (see Instructions for Service) and the other copy will be for your records.

If everything is done CORRECTLY it will take at least 90 days until you get your decree!!

IN THE COURT OF COMMON PLEAS OF Mifflin COUNTY, PENNSYLVANIA
CIVIL ACTION

PLAINTIFF

vs.

DEFENDANT

⋮
⋮
⋮
⋮
⋮
⋮

CP-44-CV-_____-20____

IN DIVORCE

**COMPLAINT FOR DIVORCE UNDER
SECTION 3301(c) OR 3301(d) OF THE DIVORCE CODE**

1. Plaintiff is _____ (Name), who currently resides at _____ (Street Address), _____ (City), _____ (County), _____ (State and Zip), since _____ (Date).
2. Defendant is _____ (Name), who currently resides at _____ (Street Address), _____ (City), _____ (County), _____ (State and Zip), since _____ (Date).
3. Plaintiff and/or Defendant has/have been a bona fide resident(s) in the Commonwealth for at least six months immediately previous to the filing of this Complaint.
4. The plaintiff and defendant were married on _____ (Date) at _____ (City) _____ (State/County).
5. There have been no prior actions of divorce or for annulment between the parties, except _____.
6. The marriage is irretrievably broken.

7. Plaintiff has been advised that counseling is available and that Plaintiff may have the right to request that the Court require the parties to participate in counseling.

8. Plaintiff requests that the Court enter a decree of divorce.

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.

Respectfully submitted,

Date: _____

Plaintiff's Signature

Plaintiff's Name

Street Address

City, State and Zip

Telephone

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): _____

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.



**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__

OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT

SPOUSE'S NAME	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

**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

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

Vs.

_____ Court
 (Party name as displayed in case caption)

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:
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ _____ (full name of minor) and date of birth: _____	Social Security Number (SSN): _____ Financial Account Number (FAN): _____ Driver's License Number (DLN): _____ State of Issuance: _____ State Identification Number (SID): _____	Alternative Reference: SSN 1 Alternative Reference: FAN 1 Alternative Reference: DLN 1 Alternative Reference: SID 1
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ _____ (full name of minor) and date of birth: _____	Social Security Number (SSN): _____ Financial Account Number (FAN): _____ Driver's License Number (DLN): _____ State of Issuance: _____ State Identification Number (SID): _____	Alternative Reference: SSN 2 Alternative Reference: FAN 2 Alternative Reference: DLN 2 Alternative Reference: SID 2

**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>

INSTRUCTIONS FOR SERVING THE DIVORCE COMPLAINT

After you have filed complaint in the Prothonotary's office, you are required to serve the Defendant with a copy of the complaint and Notice to Defend and Claim Rights. Service must be made **within 30 days of the filing of the Complaint**. Service can be made in a number of ways. We recommend either of the following methods:

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.

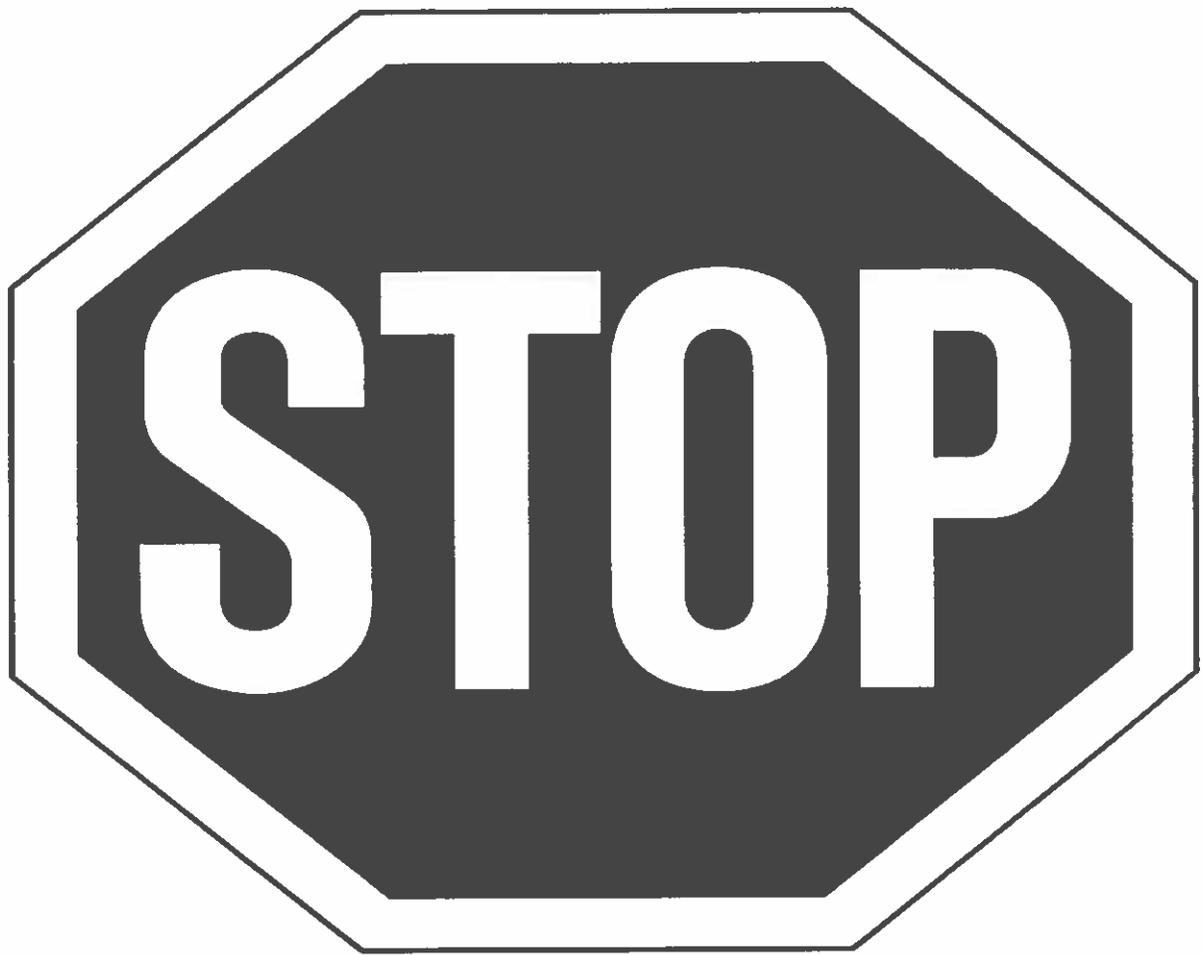
This type of mailing is used because the Defendant must sign for the documents before the postal worker will deliver it. This means that you can prove that the Defendant got the complaint because the post office will return a special green card to you that shows the date and time that the mailing was received by the Defendant, this is the date to be used as your service date. 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 the Affidavit of Service and file it with the Prothonotary. Do not forget to staple the return receipt card to the Affidavit 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 Affidavit of Service. Have the Affidavit 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 Affidavit of Service.

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



Please Read

The following set of paperwork DOES NOT get SIGNED, DATED or FILED until 90 DAYS AFTER you make SERVICE on the other Party.

But also keep in mind they must be filed in a timely manner, you cannot wait any longer than 30 days after they are signed and dated to come file them.

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

PLAINTIFF

vs.

DEFENDANT

CP-44-CV-_____-20____

**AFFIDAVIT OF CONSENT OF DEFENDANT
§ 3301(c)**

1. A complaint in divorce under § 3301(c) of the Divorce Code was filed on _____ (Date).
2. The marriage of Plaintiff and Defendant is irretrievably broken and ninety days have elapsed from the date of filing and service of the Complaint.
3. I consent to the entry of a final decree of divorce after service of notice of intention to request entry of the decree.

I verify that the statements in this document 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: _____

Defendant's Signature

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

PLAINTIFF

vs.

CP-44-CV _____-20_____

DEFENDANT

**WAIVER OF NOTICE OF INTENTION TO REQUEST ENTRY OF A DIVORCE DECREE
UNDER § 3301(c) AND § 3301(d) OF THE DIVORCE CODE - PLAINTIFF**

1. I consent to the entry of a final decree of divorce without notice.
2. I understand that I may lose rights concerning alimony, division of property, lawyer's fees or expenses if I do not claim them before a divorce is granted.
3. I understand that I will not be divorced until a divorce decree is entered by the Court and that a copy of the decree will be sent to me immediately after it is filed with the prothonotary.

I verify that the statements in this document 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

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

PLAINTIFF

vs.

DEFENDANT

CP-44-CV-_____-20_____

**WAIVER OF NOTICE OF INTENTION TO REQUEST ENTRY OF A DIVORCE DECREE
UNDER § 3301(c) AND § 3301(d) OF THE DIVORCE CODE - DEFENDANT**

1. I consent to the entry of a final decree of divorce without notice.
2. I understand that I may lose rights concerning alimony, division of property, lawyer's fees or expenses if I do not claim them before a divorce is granted.
3. I understand that I will not be divorced until a divorce decree is entered by the Court and that a copy of the decree will be sent to me immediately after it is filed with the prothonotary.

I verify that the statements in this document 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: _____

Defendant's Signature

