

# **INSTRUCTIONS**

## **PETITION TO WAIVE ALL OR A PORTION OF PARENTING COORDINATOR COSTS**

***IT IS STRONGLY RECOMMENDED THAT YOU  
CONSULT AN ATTORNEY***

### **DISCLAIMER**

**THE SELF HELP CENTER STAFF AND COURT STAFF ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. 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. YOU SHOULD OBTAIN THE SERVICES OF AN ATTORNEY. CONTACT MIDPENN LEGAL SERVICES AT (717) 232-0581 OR DAUPHIN COUNTY LAWYER REFERRAL AT (717) 232-7536.**

**INSTRUCTIONS FOR COMPLETING THE PETITION TO WAIVE ALL OR A PORTION OF PARENTING COORDINATOR COSTS FORM**

Pursuant to Rule of Civil Procedure 1915.11-1 et seq. and Dauphin County Local Rule 1915.11-1, parties to a custody action may agree or the Court may order that a Parenting Coordinator be appointed.

A Parenting Coordinator is appointed to assist the parties in implementing the final custody order. Parenting Coordinators are permitted to charge up to \$300.00 an hour. If a party thinks they are unable to pay their portion of the fee, they may file a Petition to Waive Costs for All or a Portion of Parenting Coordinator Costs and Affidavit in the Prothonotary's Office which will be decided by a judge. The fee schedule for low income parties is found at Local Rule 1915.11-1.

The following are step-by-step instructions on how to fill out the Petition to Waive Costs for all or a Portion of Parenting Coordinator Costs and Affidavit.

**ORDER**

Complete the caption at the top left hand corner of the page and the docket number on the top right hand corner of the page after "NO.". Leave the rest of the order blank with the exception of the Distribution Line. On this line, write your name and complete mailing address.

**PETITION TO WAIVE COSTS FOR ALL OR A PORTION OF PARENTING COORDINATOR COSTS**

1. Print the full name of each party in your case on the upper left hand corner of the Petition. Write the docket number on the upper right hand corner of the Petition.
2. Check whether you are requesting the Court to waive all or a portion of the Parenting Coordinator costs.
3. Sign and date the Petition to Waive Costs for All or a Portion of Parenting Coordinator Costs.

**AFFIDAVIT**

**Line 1**      You are the Petitioner and stating that you cannot afford to pay the costs in this action.

**Line 2**      You are stating you are unable to borrow money to pay the costs in this action.

### Line 3

- (a) List your name, address, email address and telephone number. **If you are a victim of abuse and the other party is the abuser and you do not want the other party to know your contact information, you must also complete the Confidential Information Form (CIF) Abuse Victim Addendum. This form is to be filed with the Prothonotary and should not be sent to the other party(ies). This contact information will only be available to the Court and Court staff. If you print out the packet from the Self Help Center page of the Dauphin County website, the Confidential Information Form and the Confidential Information Form Abuse Victim Addendum are not included. You must print out these forms in accordance with the instructions appearing on the webpage at [http://www.dauphincounty.org/government/courts/self\\_help\\_center/index.php](http://www.dauphincounty.org/government/courts/self_help_center/index.php).**
- (b) If you are currently employed, print your employer's name, address and telephone number, your salary or wages, and the type of work you do. If you are not currently employed, fill in the date of your last employment (if none, check the box "none"), your wages at your last job and the type of work you did.
- If you are a victim of abuse and the other party is the abuser and you do not want the other party to know your contact information at your job, you must also complete the Confidential Information Form (CIF) Abuse Victim Addendum. This form is to be filed and should not be sent to the other party(ies). This contact information will only be available to the Court and Court staff. If you print out the packet from the Self Help Center page of the Dauphin County website, the Confidential Information Form and the Confidential Information Form Abuse Victim Addendum are not included. You must print out these forms in accordance with the instructions appearing on the webpage at [http://www.dauphincounty.org/government/courts/self\\_help\\_center/index.php](http://www.dauphincounty.org/government/courts/self_help_center/index.php).**
- (c) List any other income you received within the last twelve (12) months. If any of the categories apply to you, fill in your income from that source. If an entry does not apply, simply check the box "none".

- (d). List the amount of contributions to household expenses made by your spouse. **If you do not have a spouse or your spouse does not contribute to household expenses, simply check the box "none."**

List the amount of contribution to household expenses made by your parents. **If your parents do not contribute to household expenses, simply check the box "none."**

List the amount of contribution to household expenses made by your adult child(ren). **If your adult children do not contribute to household expenses, simply check the box "none."**

- (e). List any property you own and its value. **If you do not have any of the types of property listed, simply write "none."**

- (f). List any debts or obligations. **If you do not have any debts or obligations, simply check the box "none".**

**Line 4** If you have a spouse who is dependent upon you for financial support, write their name. If you have children who are dependent on you for support, list the child's initials and age. **Do not** write their names or dates of birth.

List the other people in your household who depend on you for financial support and their relationship to you.

If you do not have a spouse or minor children dependent upon you for financial support, check the appropriate box.

**Line 5** This statement means that you understand you must report any improvement in your financial situation to the Court.

**Line 6** This statement means that you are providing accurate information and that you understand certain penalties can be imposed if you make false statements.

**MAKE TWO (2) COPIES OF THE COMPLETED PETITION, AFFIDAVIT, AND THE CONFIDENTIAL INFORMATION FORM ABUSE VICTIM ADDENDUM IF APPLICABLE. YOU WILL MUST HAVE THREE (3) TOTAL COPIES (THE ORIGINAL AND TWO (2) COPIES).**

Take the original and the two (2) copies to the Prothonotary's Office, 1<sup>st</sup> Floor, Dauphin County Courthouse, 101 Market Street, Harrisburg, PA.

The Prothonotary's staff will file the original and one (1) copy and give you one (1) copy for your records.

The Petition to Waive Costs for All or a Portion of Parenting Coordinator Costs and Affidavit will be reviewed by the Court.

A hearing may be scheduled concerning the Petition or the Affidavit.

# FORM

## PETITION TO WAIVE ALL OR A PORTION OF PARENTING COORDINATOR COSTS

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\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

: IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA  
:  
: NO. \_\_\_\_\_  
:  
:  
:

**ORDER**

**AND NOW**, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, upon consideration of the Petition to Waive All or a Portion of Parenting Coordinator Costs filed by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_, it is Ordered:

The Petition to Waive All or a Portion of Parenting Coordinator Costs is **GRANTED**.

The Petition to Waive All or a Portion of Parenting Coordinator Costs is **GRANTED** and the Petitioner shall pay \_\_\_\_\_% of the Parenting Coordinator costs.

A hearing on the Petition to Waive All or a Portion of Parenting Coordinator Costs is scheduled for \_\_\_\_\_ m. on \_\_\_\_\_, 20\_\_\_\_ in Courtroom #\_\_\_\_\_.

- Dauphin County Courthouse, 101 Market Street, Harrisburg, PA
- Juvenile Justice Center, 7<sup>th</sup> Floor, 25 South Front Street, Harrisburg, PA

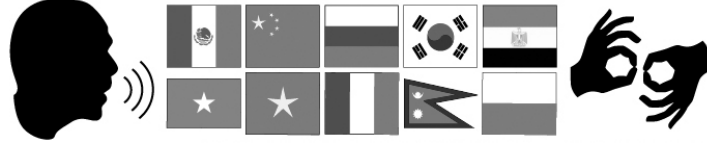
Petitioner shall bring any and all supporting documents, including but not limited to paystubs, bank statements and bills to the hearing.

BY THE COURT:

\_\_\_\_\_  
Judge

Distribution:  
  
\_\_\_\_\_

## Notice of Language Rights



Language Access Coordinator  
Dauphin County Court of Common Pleas  
101 Market Street, 3<sup>rd</sup> Floor Court Administrator's Office  
Harrisburg, PA 17101  
[interpreterrequest@dauphincounty.gov](mailto:interpreterrequest@dauphincounty.gov)  
(717) 780-6640

**English:** You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information provided at the top of this notice.

**Spanish/Español:** Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.

**Mandarin/Cantonese Simplified Chinese/普通话/粤语简体中文:** 您有权获得免费的口译员服务。若需要口译员，请使用本通知上方提供的联系信息通知法院工作人员。

**Mandarin/Cantonese Traditional Chinese/普通話/廣東話繁體中文:** 您有權要求免費傳譯服務。如欲要求傳譯服務，請參閱本通知頂部的聯絡資料，通知法庭職員。

**العربية/Arabic:** يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. لطلب مترجم، يُرجى إعلام موظفي المحكمة باستخدام معلومات الاتصال المقدمة في الجزء العلوي من هذا الإشعار.

**Russian/Русский:** У вас есть право на бесплатные услуги переводчика. Заявка на переводчика подается в суд по адресу, телефону или эл. почте, указанным выше в заголовке этого уведомления.

**Vietnamese/Tiếng Việt:** Quý vị có quyền được một thông dịch viên giúp mà không tốn chi phí nào cả, xin hãy báo cho nhân viên tòa án dùng thông tin liên lạc có ở trên đầu thông báo này.

**Nepali/नेपाली:** तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न, यस सूचनाको माथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

**Korean/한국어:** 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알려십시오.

**Polish/Polski:** Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

**Pakistan/پنجابی/Punjabi:** تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میربانی کر کے ایس نوٹس دے اوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔



**Punjabi/ ਪੰਜਾਬੀ /India:** ਤੁਹਾਨੂੰ ਇਕ ਦੁਭਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਭਾਸ਼ੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਦਿੱਤੀ ਸੰਪਰਕ ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

**Portuguese/Português:** Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

**Somali/Somaali:** Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

**Haitian Creole/Kreyòl Ayisyen:** Ou gen dwa resevwa sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsònèl tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt avi sa a.

**French/Français :** Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.

\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

: IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA

: NO. \_\_\_\_\_

:  
:  
:

**PETITION TO WAIVE ALL OR A PORTION OF PARENTING COORDINATOR COSTS**

**TO THE HONORABLE COURT:**

I hereby certify that I am without financial resources to pay my share of the costs for the Parenting Coordinator and respectfully request the Court to waive  all or  a portion of my share of the Parenting Coordinator costs. In support of my Petition, I attach an *Affidavit* which fully and truthfully describes my current income and financial condition.

**WHEREFORE**, I request the Court waive  all or  a portion of my share of the costs for a Parenting Coordinator in the above-captioned case. I verify that the statements made in this Petition are true and correct. I understand that false statements made are subject to the criminal penalties under 18 Pa.C.S. §4904 (crime of unsworn falsification to authorities).

Respectfully submitted,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

# **AFFIDAVIT**

**READ BEFORE ANSWERING:** YOU MUST ANSWER **EVERY** QUESTION. IF THERE IS NO AMOUNT TO BE ENTERED, YOU SHOULD CHECK THE BOX '**NONE**'.

1. I hereby certify that I am without financial resources to pay the costs for a Parenting Coordinator and respectfully request the Court to waive  all or  a portion of the Parenting Coordinator costs.
2. I am unable to obtain funds from anyone, including my family and friends, to pay the fees and costs of litigation.
3. **I represent that the information below relating to my ability to pay fees and costs is true and correct:**

(a) Name: \_\_\_\_\_ Email: \_\_\_\_\_ or  NONE  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**If you are an abuse victim and the other party is the abuser and you want your contact information confidential, write "See CIF Abuse Victim Addendum".**

(b) **Employment:**  
Are you currently employed:  YES  NO

**If you answered 'NO', complete the following:**

Date of your last day of employment: \_\_\_\_\_  
Salary or wages: \$ \_\_\_\_\_ Type of work: \_\_\_\_\_

**If you answered 'YES', complete the following:**

Employer or Self Employed: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**If you are an abuse victim and the other party is the abuser and you want your contact information confidential, write "See CIF Abuse Victim Addendum".**

**Gross** salary or wages (**before taxes**): \_\_\_\_\_ (Circle One) weekly/bi-weekly/monthly  
**Do not use the amount of your paycheck.**

Type of work: \_\_\_\_\_

- (c) **Other income** within the past twelve (12) months
- Self-employment income: \$ \_\_\_\_\_ (Circle One) weekly/bi-weekly/monthly or  NONE
- Interest and Dividends: \$ \_\_\_\_\_ or  NONE
- Pensions and annuities: \$ \_\_\_\_\_ (Circle One) weekly/bi-weekly/monthly or  NONE
- Social Security benefits per month: \$ \_\_\_\_\_ or  NONE
- Spousal or Child Support payments **received** weekly: \$ \_\_\_\_\_ or  NONE
- Disability payments monthly: \$ \_\_\_\_\_ or  NONE
- Unemployment/Workers' Compensation weekly: \$ \_\_\_\_\_ or  NONE
- Public Assistance monthly: \$ \_\_\_\_\_ or  NONE
- Other: \$ \_\_\_\_\_ or  NONE

- (d) (1) **Contributions** to household expenses by husband/wife:
- Name(s): \_\_\_\_\_ or  NONE
- Is your husband/wife employed?  YES  NO
- Employer: \_\_\_\_\_

**Gross** salary or wages (**before taxes**): \_\_\_\_\_ (Circle One) weekly/bi-weekly/monthly  
**Do not use the amount of their paycheck.**

Type of work: \_\_\_\_\_  
Other contributions to household expenses: \$ \_\_\_\_\_

(2) **Contributions** to household expenses by parents:  
\$ \_\_\_\_\_ or  NONE

(3) **Contributions** to household expenses by adult children:  
\$ \_\_\_\_\_ or  NONE

(e) **I own the following:**

Cash: \$ \_\_\_\_\_ or  NONE      Checking account: \$ \_\_\_\_\_ or  NONE  
Savings account: \$ \_\_\_\_\_ or  NONE      Certificates of deposit: \$ \_\_\_\_\_ or  NONE  
Stocks and bonds: \$ \_\_\_\_\_ or  NONE  
Real estate (including home): Value \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ or  NONE  
Motor vehicle:      Make/Year: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
Amount Owed: \$ \_\_\_\_\_ or  NONE  
Other: \$ \_\_\_\_\_ or  NONE

(f) **I have the following debts and obligations:**

Mortgage: \_\_\_\_\_ (monthly) or  NONE  
Rent: \_\_\_\_\_ (monthly) or  NONE  
Car Loan: \_\_\_\_\_ (monthly) or  NONE  
Personal Loan: \_\_\_\_\_ (monthly) or  NONE  
Cable: \_\_\_\_\_ (monthly) or  NONE  
Cell Phone: \_\_\_\_\_ (monthly) or  NONE  
Insurance: \_\_\_\_\_ (monthly) or  NONE  
Utilities: \_\_\_\_\_ (monthly) or  NONE  
Credit Cards: \_\_\_\_\_ (monthly) or  NONE  
Spousal or Child Support payments **paid** weekly: \$ \_\_\_\_\_ or  NONE  
Other: \_\_\_\_\_  
or  NONE

4. Persons who are dependent upon me for financial support:

Wife/Husband: Name \_\_\_\_\_  
Child:    Initials: \_\_\_\_\_ Age: \_\_\_\_\_  
Child:    Initials: \_\_\_\_\_ Age: \_\_\_\_\_  
Child:    Initials: \_\_\_\_\_ Age: \_\_\_\_\_  
Child:    Initials: \_\_\_\_\_ Age: \_\_\_\_\_  
Child:    Initials: \_\_\_\_\_ Age: \_\_\_\_\_  
Child:    Initials: \_\_\_\_\_ Age: \_\_\_\_\_  
Other:    Name \_\_\_\_\_ Relationship to Petitioner: \_\_\_\_\_

or  I do not have a wife/husband dependent upon me for financial support.

or  I do not have minor children dependent upon me for financial support.

5. **I understand that I have a continuing obligation to inform the Court of any improvement in my financial circumstances.**

**READ BEFORE ANSWERING:** YOU SHOULD NOW REVIEW EVERY LINE TO MAKE SURE THAT EVERY QUESTION IS ANSWERED. FAILURE TO COMPLETE THIS FORM CORRECTLY WILL DELAY THE PROCEEDINGS.

6. I verify that the statements made in this Petition and Affidavit are true and correct. I understand that false statements made are subject to the criminal penalties of 18 Pa.C.S. § 4904 (crime of unsworn falsification to authorities).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name of Petitioner

**CERTIFICATION**

I, \_\_\_\_\_, verify that this *Petition* 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name of Petitioner