

# **PETITION FOR CIVIL CONTEMPT OF AN EXISTING CUSTODY ORDER**

## **INSTRUCTIONS**

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

## **DISCLAIMER**

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***PLEASE NOTE: A free custody clinic is available for eligible individuals through MidPenn Legal Services. At each monthly clinic, attorneys explain the custody process, help you prepare the custody forms, and file the forms on your behalf. Although the attorneys are not representing you, the service is an excellent way to ensure that your forms are completed correctly. For more information, please telephone (717) 232-0581.***

# **INSTRUCTIONS FOR PETITION FOR CIVIL CONTEMPT OF AN EXISTING CUSTODY ORDER**

## **PLEASE TAKE THE TIME TO READ THESE INSTRUCTIONS CAREFULLY BEFORE FILING FOR CIVIL CONTEMPT OF AN EXISTING CUSTODY ORDER**

### ***If you want to change an existing custody order, you must file a Petition for Modification of an Existing Custody Order.***

A contempt petition should be filed if a party has willfully disobeyed or interfered with any terms set forth in the current Custody Order. It should not be filed for a minor issue such as being 15 minutes late. Examples of behavior which is important enough for the courts to consider the actions as civil contempt include but are not limited to the following:

- A party does not transfer physical custody of the child(ren) to you in violation of the Custody Order.
- A party consistently refuses to share important information about the child(ren) under the terms of the Custody Order.

1. **Read the instructions carefully and print legibly.**
2. You will need to complete 4 forms:
  1. Petition for Civil Contempt of an Existing Custody Order
  2. Confidential Information Form
  3. Entry of Appearance as a Self-Represented Party
  4. Criminal Record/Abuse History Verification.
3. Make two (2) copies of the completed form.
4. Take the original and the copies to the Dauphin County Prothonotary's Office, located on the first floor of the Dauphin County Courthouse, 101 Market Street, Harrisburg, PA 17101. (Open from 8:00 a.m. to 4:30 p.m. Monday – Friday).
5. The Prothonotary's Office will date stamp your forms. The Prothonotary's Office will keep the original and one (1) copy and give you the remaining copy for your records.
6. See the Prothonotary's Fee Schedule for the amount of the filing fee. The filing fee is payable by cash, certified check or money order made payable to the Dauphin County Prothonotary. If you do not think that you can afford to pay the filing fee, you may file a Petition to Proceed *In Forma Pauperis* (IFP) and an Affidavit (see Self Help Center *In Forma Pauperis* forms and instructions for family law cases).

7. The Prothonotary's Office will forward the original Petition for Civil Contempt of an Existing Custody Order to the Court Administrator's Office for assignment to a Custody Conference Officer and the scheduling of all parties for a Custody Conference. A Custody Conference Officer will try to work out the contempt issue so that a hearing before a judge is not necessary. **The child(ren) should not participate in this custody conference unless specifically requested by the Custody Conference Officer.**
8. All parties will receive a copy of the order scheduling the date and time of the custody conference. This notification will be sent to all parties by regular mail. Most of the conferences are held by video but occasionally, conferences are held in-person at the Courthouse.

9. **CUSTODY CONFERENCES**

- Remember to concentrate on what is in the child(ren)'s best interest. Please do not bring up issues that you may have with the other parent as this is the time for both parents to work together to decide what is best to enable your child(ren) to grow and mature in a stable, healthy, and happy environment. You want your child(ren) to have the best childhood possible. You must put aside your differences with the other parent and really concentrate on your child(ren).
- Wear appropriate clothing, be polite, and try to be positive and willing to cooperate to work out a custody schedule. Dress as if you were going to work in a business. DO NOT wear shorts, tank tops or halter tops.
- Be ready to discuss the case in a mature and flexible manner. The Custody Conference Officer controls the conference and decides who talks first and whether a statement is relevant to a custody agreement.
- Try to respect the other party's position and do your best to work out an agreement that reflects not so much your best interest or the interests of the other parent but the **best interest of the child(ren)**.
- You have an obligation to your child(ren) to approach the conference in a reasonable manner. Hurtful talk and abusive language hinder the process. Control your emotions. If there are angry outbursts or inappropriate language, the offending party may be ejected from the conference.

**IF THE CONTEMPT ISSUE IS NOT RESOLVED AT THE CUSTODY CONFERENCE, THE MATTER WILL BE REFERRED TO A JUDGE FOR A HEARING.**

If you choose to represent yourself, you will be held to the same standard as an attorney. This includes being fully aware of the applicable statutes, rules of civil procedure, and rules of evidence.

- You are cautioned that your failure to properly present your case and to present legally sufficient evidence may severely affect your rights in this matter.
- It is not the function of the court, nor is the court permitted to present the case on behalf of a party. It is the sole responsibility of each party to properly and adequately present their case to the court in accordance with the law and the rules of evidence and procedure.

- The rules of evidence do not permit the introduction of written statements, affidavits, notarized statements, or other documents without the agreement of all parties.
- The court **will not** act as an attorney for either party nor conduct the questioning of any witnesses nor offer any advice or suggestions to either party as to how to proceed.

## D. INSTRUCTIONS FOR EACH FORM

### For all forms:

1. Print clearly.
2. Make sure the court will be able to read what you write.
3. Fill in ALL blank lines. **FOLLOW THESE INSTRUCTIONS VERY CAREFULLY. FAILURE TO DO SO MAY RESULT IN THE ISSUANCE OF AN ORDER REQUIRING YOU TO FILE AN AMENDED PETITION FOR CIVIL CONTEMPT OF AN EXISTING CUSTODY ORDER. THIS WILL INCREASE THE TIME THAT IT TAKES FOR YOU TO SEE A CONFERENCE OFFICER.**

### Petition for Civil Contempt of an Existing Custody Order

Fill in the Plaintiff's and Defendant's names as they appear on your current Custody Order.

Fill in the docket number on the right side. You will use the same docket number that is on your current Custody Order.

1. Fill in your full name. You are the Petitioner since you are filing the Petition for Civil Contempt of an Existing Custody Order.

Fill in the name(s), complete mailing address(es), telephone number(s), email address(es), and date(s) of birth of the plaintiff(s). **If you are the plaintiff and 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). An abuse victim is defined as a person for whom a protection order has been granted by a Court. 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.**

Fill in the name(s), complete mailing address(es), telephone number(s), email address(es), and date(s) of birth of the defendant(s). **If you are the defendant and 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). An abuse victim is defined as a person for whom a protection order has been granted by a Court. 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.**

2. You will see that each child is identified by number and listed as CHILD 1, CHILD 2, etc. on the Petition for Civil Contempt of an Existing Custody Order form. **DO NOT WRITE THE CHILD(REN)'S NAMES OR THE COMPLETE DATE OF BIRTH ON THE FORM.** You must complete the Confidential Information Form found in this packet and include the full name and full date of birth of CHILD 1, CHILD 2, etc. Complete the addresses of the child(ren) for whom you are seeking custody and year of birth. If you need more room, use an additional sheet of paper. If the child(ren)'s address is confidential because of abuse, complete the Confidential Information Form Abuse Information Addendum.

**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.**

3. Fill in the date that the current Custody Order was entered.
4. Explain **in detail** the reasons why you feel that the Respondent(s) has/have willfully failed to abide by the current Custody Order. Please be specific. **IF YOU NEED TO IDENTIFY THE CHILD(REN) IN THIS PARAGRAPH, USE CHILD 1, CHILD 2, ETC. DO NOT USE THEIR NAMES.**

Fill in today's date and sign and print your name on the applicable lines.

Attach a copy of the current Custody Order to the Petition for Contempt.

#### **CONFIDENTIAL INFORMATION FORM**

***This form must be filed with the Petition for Civil Contempt of a Custody Order.***

- Complete the caption as you did for the scheduling order and petition.
- List the date.
- List the initials, full name of the child(ren) and the date of birth of the child(ren). Use one box for each child. Additional pages are provided.
- Sign in the space provided and list the date.
- Print your name, address, telephone number and email address in the space provided **unless your contact information is found on the CIF Abuse Victim Addendum because you are a victim of abuse and the other party is the abuser.**

**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.**

#### **SELF-REPRESENTED PARTY ENTRY OF APPEARANCE**

***This form must be filed with the Prothonotary every time you change your address.***

1. Complete the caption as you did for the scheduling order and petition. Check whether you are the plaintiff or the defendant. Check the box marked 'custody'.
2. There are three options in this section. **MARK ONLY ONE BOX.**

- If this is a new custody action, mark the first box that this is a new case. Sign and move on to 3.
- If this is not a new custody action and you have always been self-represented, mark the second box. Sign and move on to 3.
- If this is not a new case and you had an attorney represent you in your most recent action, mark the first box of question 2 and print the name of your attorney. Write the address that you have used to mail this form to your prior attorney.
- If this is not a new case and you had an attorney represent you in your most recent action and you now want to be self-represented, you can enter your appearance as a self-represented party and sign your name and your attorney can simultaneously withdraw his/her appearance by signing his/her name. Check the second box found in question two and have your prior attorney sign this form prior to filing.

3. Check the appropriate box.

If you checked that you are the victim of abuse and the other party was the abuser, complete **the CIF Abuse Victim Addendum**.

If you checked that you are not the victim of abuse, complete the address where you would like notices and scheduling orders to be sent.

4. Check the appropriate box.

If you checked that you are the victim of abuse and the other party was the abuser, complete **the CIF Abuse Victim Addendum**.

If you checked that you are not the victim of abuse, list your telephone number and email address.

5. I understand that I must file a new form and confidential information for abuse victim addendum (if applicable) every time my address or telephone number changes.

6. Check the appropriate box.

If you provided a copy of the Self-Represented Entry of Appearance form to attorneys or self-represented parties list the name and address.

If you are a victim of abuse, you acknowledge your understanding that the Confidential Information Form Abuse Victim Addendum **should not** be sent to any attorney or self-represented party but that the Self-Represented Entry of Appearance Form should be sent to any attorney or self-represented party.

SIGN AND DATE the form and file this at the same time you file your petition.

#### **CRIMINAL RECORD/ABUSE HISTORY VERIFICATION**

- Complete the caption as you did for the custody complaint.
- The petitioner must file a verification regarding any criminal or abuse history of the petitioner or anyone living in the petitioner's household. At the custody conference, the conference officer will perform an initial evaluation to determine whether the existence of a criminal or abuse history of either party or members of their household pose a threat to the child(ren).
- Follow the directions as found on this form.
- **Information regarding criminal charges are available to the public through the UJS portal at <http://ujportal.pacourts.us>.**

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## **FORMS**

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

•

: CIVIL ACTION - LAW  
: IN CUSTODY



Additional Plaintiff's complete mailing address:

\_\_\_\_\_  
Street, City, State, Zip Code, and County      If confidential, write "See CIF Abuse Victim Addendum"

Additional Plaintiff's telephone number: \_\_\_\_\_  
If confidential, write "See CIF Abuse Victim Addendum"

Additional Plaintiff's email address: \_\_\_\_\_  
If confidential, write "See CIF Abuse Victim Addendum"

Additional Plaintiff's date of birth: \_\_\_\_\_

Additional Plaintiff's relationship to the minor child(ren) is ☐ parent ☐ other

\_\_\_\_\_  
(please specify)

**2.** Defendant's full name: \_\_\_\_\_

Defendant's complete mailing address:

\_\_\_\_\_  
Street, City, State, Zip Code, and County      If confidential, write "See CIF Abuse Victim Addendum"

Defendant's telephone number: \_\_\_\_\_  
If confidential, write "See CIF Abuse Victim Addendum"

Defendant's email address: \_\_\_\_\_  
If confidential, write "See CIF Abuse Victim Addendum"

Defendant's date of birth: \_\_\_\_\_

Defendant's relationship to the minor child(ren) is ☐ parent ☐ other \_\_\_\_\_  
(please specify).

**If there is more than one defendant listed in the caption, please complete the following information. If there is only one defendant listed in the caption, please skip to question 3.**

Additional Defendant's full name: \_\_\_\_\_

Additional Defendant's complete mailing address:

\_\_\_\_\_  
Street, City, State, Zip Code, and County      If confidential, write "See CIF Abuse Victim Addendum"

Additional Defendant's telephone number: \_\_\_\_\_  
If confidential, write "See CIF Abuse Victim Addendum"

Additional Defendant's email address: \_\_\_\_\_  
If confidential, write "See CIF Abuse Victim Addendum"

Additional Defendant's date of birth: \_\_\_\_\_

Additional Defendant's relationship to the minor child(ren) is ☐ parent ☐ other

\_\_\_\_\_  
(please specify)



**BIRTH OF THE CHILD(REN). DO NOT WRITE THE CHILD(REN)'S NAME OR COMPLETE DATE OF BIRTH ON THIS PETITION. IF YOU HAVE MORE THAN FIVE CHILDREN WHO ARE THE SUBJECT OF THIS CUSTODY ACTION, PLEASE USE AN ADDITIONAL PAGE AND REFER TO THEM AS CHILD 6, ETC. AND LIST THEIR YEAR OF BIRTH.**

**ADDRESS** of Child or write "See CIF Abuse Victim Addendum" **YEAR** of Birth

<u>Address of Child Z (No Name)</u>	<b>ADDRESS</b> of Child or write "See CIF Abuse Victim Addendum"	<b>YEAR</b> of Birth
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<u>Address of Child 3 (No name)</u>	<u>ADDRESS of Child or write "See CIF Abuse Victim Addendum"</u>	<u>YEAR of Birth</u>
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<u>Address of Child 4</u> (No name)	<b>ADDRESS</b> of Child or write "See CIF Abuse Victim Addendum"	<b>YEAR</b> of Birth
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<u>Address of Child 5 (No name)</u>	<b>ADDRESS</b> of Child or write "See CIF Abuse Victim Addendum"	<b>YEAR</b> of Birth
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applicable) must be completed and filed with this civil contempt petition.

(Date of the Custody Order Currently in Effect)

Custody Order.

**DO NOT USE THEIR NAMES.**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

6. I have attached the criminal record/abuse history verification form required pursuant to Pa.R.C.P. 1915.3-2.
7. I have filed a completed the Confidential Information Form and, if relevant, the Confidential Information Form Abuse Victim Addendum with this Petition.
8. The Current Custody Order is attached to this Petition.

WHEREFORE, Petitioner requests that Respondent be held in contempt of court.

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Date \_\_\_\_\_

Signature of Petitioner

Date \_\_\_\_\_

Signature of Petitioner (If more than one petitioner)

## VERIFICATION

I, \_\_\_\_\_, verify that the statements made in this Petition for Civil Contempt of a Custody Order 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 Petitioner

Date \_\_\_\_\_

Signature of Petitioner (If more than one petitioner)

### **CERTIFICATION**

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.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner (If more than one petitioner)



### **BEFORE YOU FILE THIS PETITION FOR CIVIL CONTEMPT OF A CUSTODY ORDER WITH THE PROTHONOTARY, MAKE SURE YOU HAVE COMPLETED THE FOLLOWING FORMS:**

- Confidential Information Form.
- Confidential Information Form Abuse Victim Addendum if you are an abuse victim and do not want to disclose your contact information to anyone but the Court.
- Criminal Record/Abuse History Verification.
- Self-Represented Party Entry of Appearance.

**These forms must be filed with the Prothonotary at the same time as the Petition for Civil Contempt of a Custody Order.**

\_\_\_\_\_, : IN THE COURT OF COMMON PLEAS  
 Plaintiff(s) : DAUPHIN COUNTY, PENNSYLVANIA  
 :  
 v. : NO. \_\_\_\_\_  
 :  
 \_\_\_\_\_, : CIVIL ACTION – LAW  
 Defendant(s) : CUSTODY

- ☐ **CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**  
☐ **REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY COURT**

**1. Participants.** Please list ALL members in your/the participant's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Child(ren)

- ☐ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6612, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same

Please list ALL members in the opposing party's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Child(ren)

☐ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6612, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same

**SUBJECT CHILD(REN)** – Attach additional sheets if necessary:

Name	Date of Birth

2. **Criminal Offenses.** As to the following listed Pennsylvania crimes or offenses, or another jurisdiction's substantially equivalent crimes or offenses, check the box next to any applicable crime or offense in which you or a household member:

- has pleaded guilty or no contest;
- has been convicted;
- has charges pending; or
- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301 - 6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or a court has entered an order for limited access, e.g., Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

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"/>	_____	_____

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. §2701 (relating to simple assault)	<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. §2705 (relating to recklessly endangering another person)	<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. §2718 (relating to strangulation)	<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. §2904 (relating to interference with custody of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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. §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. Ch. 30 (relating to human trafficking)	<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"/>	_____	_____



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. §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. §5533 (relating to cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5534 (relating to aggravated cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5543 (relating to animal fighting)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5544 (relating to possession of animal fighting paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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. §5902(b) or (b)(1) (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"/>	_____	_____
<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"/>	Finding of contempt of a protection from abuse order or agreement under 23 Pa.C.S. § 6114	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Finding of contempt of a protection of victims of sexual violence and intimidation order or agreement under 42 Pa.C.S. § 62A14	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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

**3. Abuse or Agency Involvement.** Check the box next to any statement that applies to you, a household member, or your child.

Check all that apply		Self	Household member	Child
<input type="checkbox"/>	Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	What jurisdiction?: _____ A determination or finding of abuse ( <i>i.e.</i> , indicated or founded report) by a children and youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	What jurisdiction?: _____ An adjudication of dependency involving this child or any other child under Pennsylvania's Juvenile Act, or a similar law in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	What jurisdiction?: _____ Is the case active?: _____ A history of perpetrating "abuse" as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	A history of perpetrating "sexual violence" or "intimidation" as those terms are defined in 42 Pa.C.S. § 62A03 (relating to protection of victims of sexual violence and intimidation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you checked a box in (2) or (3), list any evaluation, counseling, or other treatment received as a result:

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5. If you checked a box in (2) or (3) that applies to your household member, who is not a party, state that person's name, date of birth, and relationship to the child.

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6. If you are aware that the other party or the other party's household member has a criminal record or abuse history, please explain:

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**ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.**

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff/Defendant Signature

\_\_\_\_\_  
Printed Name

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 Filer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
PLAINTIFF

vs.

IN THE COURT OF COMMON PLEAS  
DAUPHIN COUNTY, PENNSYLVANIA

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

\_\_\_\_\_  
DEFENDANT

## **SELF-REPRESENTED PARTY ENTRY OF APPEARANCE**

1. I am the ☐ Plaintiff ☐ Defendant in the above-captioned **(MARK ONE)** ☐ custody, ☐ divorce, ☐ support, ☐ protection from abuse, ☐ paternity case.

This **(MARK ONE)** ☐ is ☐ is **NOT** a new case. I have decided not to hire an attorney to represent me. I am entering my appearance as a self-represented party.

\_\_\_\_\_  
(Signature of Self-Represented Party)

2. **If this is not a new case, please check one box and complete the information. (Skip if this is a new case.)**

☐ This is **NOT** a new case, and I have never been represented by counsel.

☐ This is **NOT** a new case and (Name of Prior Attorney) \_\_\_\_\_ previously 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:

☐ This is **NOT** a new case, and my prior attorney acknowledges their withdrawal as my attorney in this case.

\_\_\_\_\_  
(Signature of Prior Attorney)

3. **Check one box.**

☐ I am a victim of abuse and the other party to this action was the abuser. My address, phone number, and email address are listed on the Confidential Information Form Abuse Victim Addendum filed along with this Self-Represented Party Entry of Appearance.

☐ I am not an abuse victim and my address, phone number and email address for the purpose of receiving all future pleadings and other legal notices are listed below. I understand that this address will be the only address to which notices and pleadings in this case will be sent. I understand that I am responsible to regularly check my mail at this address to ensure that I do not miss important deadlines or proceedings.

Complete Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

4. **I UNDERSTAND I MUST FILE A NEW FORM AND CONFIDENTIAL INFORMATION FORM ABUSE VICTIM ADDENDUM (IF APPLICABLE) EVERY TIME MY ADDRESS OR PHONE NUMBER CHANGES.**

5. **Check one box.**

☐ I have provided a copy of this form to all other attorneys or other self-represented parties at the following addresses as listed below: (Do not list yourself. Use reverse side if you need more space)

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

☐ I am a victim of abuse and the other party to this action was the abuser. I understand that I should only provide a copy of this form to all other attorneys or self-represented parties **BUT THAT I SHOULD NOT PROVIDE A COPY OF THE CONFIDENTIAL INFORMATION FORM ABUSE VICTIM ADDENDUM TO ANYONE EXCEPT TO THE COURT BY FILING THAT FORM WITH THE APPROPRIATE FILING OFFICE (PROTHONOTARY OR DOMESTIC RELATIONS).**

6. **I fully understand that by deciding to represent myself, the Court will hold me to the same standards of knowledge regarding the statutory law, evidence law, Local and State Rules of Procedure and applicable case law as a Pennsylvania licensed attorney, and that I must be fully prepared to meet those responsibilities.**

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 which could result in a fine and/or prison term.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Self-Represented Party

### **CERTIFICATION**

I, (Your Name) \_\_\_\_\_, 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Self-Represented Party