

PETITION FOR MODIFICATION 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 MODIFICATION OF AN EXISTING CUSTODY ORDER

PLEASE TAKE THE TIME TO READ THESE INSTRUCTIONS CAREFULLY BEFORE FILING FOR MODIFICATION OF AN EXISTING CUSTODY ORDER

A. OVERVIEW OF PENNSYLVANIA CUSTODY LAW

1. Child support payments and custody arrangements are separate proceedings involving different forms and procedures. For example, a parent who does not pay child support may have a right to some sort of custodial arrangement with the child(ren). You must file separately for child support. Child support matters are handled through the Domestic Relations Office, 25 South Front Street, Eighth Floor, Harrisburg, PA 17101.
2. In child custody matters, the courts will focus on the “**best interests of the child.**” In general, both parents have a right to have a relationship with their child. A parent who does not have primary physical custody will usually have partial custody, shared custody or supervised physical custody.
3. If there is a current custody order in place, which was filed in **Dauphin County**, and you believe that **circumstances have changed** and that the order should be modified, use these forms to seek modification of the custody order. **If there is no custody order in place, you should file a custody complaint.** (See Self Help Center Custody Complaint forms and instructions.)
4. If there is a current custody order in place, which was filed in Dauphin County, and you believe that circumstances have changed and that the order should be modified, but you are not a party to that current custody action, you must file a Petition to Intervene to receive court permission to join the existing custody case. The Self-Help Center does not have a form for a Petition to Intervene. If that is the situation, you are strongly recommended to hire an attorney.
5. If there is a health and safety issue involving the child(ren), a parent may file an Emergency Petition for Special Relief along with the Custody Complaint or a Petition for Modification of an Existing Custody Order. **However**, please carefully consider this before doing so. Not every custody dispute is an “emergency” and simply alleging that the other parent has the child(ren) and will not permit the other parent to see the child(ren) **DOES NOT** constitute an emergency. Only when there are serious, factually-provable risks to the health and safety of the child(ren) will the court consider granting any type of relief before the parties appear before the Custody Conference Officer.
6. Criminal convictions of some specific crimes, usually violent crimes or those involving child victim(s) are a factor (among many) the court will consider in making a custody decision.

B. DEFINITIONS

Below are some definitions of legal terms that you may encounter in filing for custody. Please review these definitions carefully.

- Custody – means the legal right to keep, control, guard, care for and preserve a child and includes the terms ‘legal custody’, ‘physical custody’ and ‘shared custody’.
- Legal Custody – means the right to make major decisions on behalf of the child including but not limited to medical, religious and educational decisions.
- Physical Custody – means the actual physical possession and control of the child.
- Sole Legal Custody -- means the right of one individual to exclusive legal custody of the child.
- Shared Legal Custody -- means the right of more than one individual to legal custody of the child.
- Partial Physical Custody -- means the right to assume physical custody of the child for less than the majority of the time.
- Primary Physical Custody -- means the right to assume physical custody of the child for the majority of the time.
- Shared Physical Custody -- means the right of more than one individual to assume physical custody of the child, each having significant periods of physical custodial time with the child.
- Sole Physical Custody -- means the right of one individual to the exclusive physical custody of the child.
- Supervised Physical Custody -- means the custodial time during which an agency or an adult designated by the court or agreed upon by the parties monitors the interaction between the child and the individual with those rights.

C. STEPS IN THE CUSTODY PROCESS

PLEASE NOTE:

IF YOU DO NOT HAVE AN ADDRESS FOR ANY OF THE OTHER PARTY(IES), YOU SHOULD NOT FILE THESE FORMS BUT CONSULT AN ATTORNEY TO LEARN ABOUT OTHER OPTIONS.

ALL BIOLOGICAL PARENTS MUST BE NAMED AS A PARTY TO THE ACTION UNLESS A PARENT IS DECEASED, THEIR PARENTAL RIGHTS HAVE BEEN TERMINATED BY AN ORDER OF COURT, OR THE IDENTITY OF THE BIOLOGICAL PARENT IS UNKNOWN.

1. **Read the instructions carefully and print legibly.**
2. You are required to complete four (4) forms – Modification of Custody Petition, Confidential Information Form, Self-Represented Party Entry of Appearance, and the Criminal Record/Abuse History Verification. **If you are a victim of abuse 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. An abuse victim is defined as a person for whom a protection order has been granted by a Court. 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 Custody Modification 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. Make two (2) copies of the completed form. Therefore, you will have at least three (3) total (the original and two (2) copies).
4. Take the original and the copies to the Dauphin County Prothonotary's Office, which is located on the first floor of the Dauphin County Courthouse, 101 Market Street, Harrisburg, PA 17101. The Prothonotary's Office is 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 filing fee amount. 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 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 Modification of 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. Dauphin County has three (3) Custody Conference Officers who meet with all parties to try to work out a custody schedule that is agreeable to all parties so that a trial before a judge is not necessary. **The child(ren) should not participate in the custody conference unless specifically requested by the Custody Conference Officer.**
8. Once the conference is scheduled, all parties will receive by mail a copy of the scheduling order which indicates the date and time of the custody conference. The scheduling order will contain information about viewing the Co-Parenting video that is found on the Dauphin County website. This video must be viewed before the date of the conference. The Court will receive notification that you watched the video, and this will be filed with the Prothonotary. Failure to watch the video will be reported to the Court. The scheduling order will be sent to all parties. Please take note that the other party(ies) will receive a copy of the forms you file **except for the CIF Abuse Victim Addendum.**

9. CUSTODY CONFERENCES

- Most of the conferences are held by video but occasionally, conferences are held in-person at the Courthouse.
- **Please be aware that although you may have decided to proceed without an attorney, the other party(ies) may attend the conference with an attorney.**
- At the custody conference, you, and the other party(ies) and their attorney, if they have one, will meet with the Custody Conference Officer. The Custody Conference Officer will try to help you reach an agreement about the legal and physical custody of your child(ren).
- 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 the best custodial arrangement is 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).
- This conference is **your** opportunity to be actively involved in establishing a custody schedule. If you cannot come to an agreement, the Custody Conference Officer will send this matter to court which means that you will have a trial before a judge who **will** make the decision **for you** regarding the custody of 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.

10. TRIAL BEFORE A JUDGE

- REMEMBER, if you do not reach an agreement before the Custody Conference Officer, the matter will be scheduled for a **TRIAL** before a **JUDGE**.
- If this happens, **IT IS STRONGLY RECOMMENDED THAT YOU HIRE AN ATTORNEY**. If you do not have an attorney, contact MidPenn Legal Services at (717) 232-0581.

- 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 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.
- Again, if your case proceeds to a trial before a judge, it is **STRONGLY RECOMMENDED** that you hire an **ATTORNEY** to represent you.

D. INSTRUCTIONS FOR EACH FORM

For **all** forms:

1. **PRINT NEATLY – MAKE SURE THE COURT WILL BE ABLE TO READ WHAT YOU HAVE WRITTEN.**
2. Fill in ALL blank lines. **FOLLOW THESE INSTRUCTIONS VERY CAREFULLY. FAILURE TO DO SO MAY RESULT IN AN ORDER REQUIRING YOU TO FILE AN AMENDED PETITION FOR MODIFICATION. THIS WILL INCREASE THE TIME THAT IT TAKES FOR YOU TO SEE A CONFERENCE OFFICER.**

Petition for Modification of Custody Order

Fill in the Plaintiff's and Defendant's names as found 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 Modification of Custody Order.'
Fill in the date of the Custody Order currently in effect.
2. Fill in the Plaintiff(s)' name(s), mailing address(es), telephone number(s), email address(es), and date(s) of birth. The Plaintiff(s) is/are the person(s) listed first on your existing Custody Order. You will need the address(es) of the plaintiff(s). If you do not list the address(es) of the plaintiff(s), you will be required to file an amended petition that contains the address(es). A conference will not be scheduled until you have the

address(es) of the plaintiff(s). ***If you are the plaintiff and the victim of abuse and the other party to this action is the abuser and you do not want to reveal your contact information, WRITE “SEE CIF ABUSE VICTIM ADDENDUM” and complete the “Confidential Information Form Abuse Victim Addendum” sheet. An abuse victim is defined as a person for whom a protection order has been granted by a Court. This sheet will be filed in the Prothonotary’s Office and will only be available to the Court and Court staff. You should not send the CIF Abuse Victim Addendum to the opposing counsel and/or opposing party(ies).***

3. Fill in the Defendant(s)’ name(s), mailing address(es), telephone number(s), email address(es), and date(s) of birth. The Defendant(s) is/are the person(s) listed second on your existing Custody Order. You will need the address(es) of the defendant(s). If you do not list the address(es) of the defendant(s), you will be required to file an amended petition that contains the address(es). A conference will not be scheduled until you have the address(es) of the defendant(s). ***If you are the defendant and the victim of abuse and the other party to this action is the abuser and you do not want to reveal your contact information, WRITE “SEE CIF ABUSE VICTIM ADDENDUM” and complete the “Confidential Information Form Abuse Victim Addendum” sheet. An abuse victim is defined as a person for whom a protection order has been granted by a Court. This sheet will be filed in the Prothonotary’s Office and will only be available to the Court and Court staff. You should not send the CIF Abuse Victim Addendum to the opposing counsel and/or opposing party(ies).***
4. You will see that each child is identified by number and listed as CHILD 1, CHILD 2, etc. on the Petition for Modification of a Custody Order form. **DO NOT WRITE THE CHILD(REN)’S NAMES OR THE COMPLETE DATE OF BIRTH ON THE PETITION FOR MODIFICATION OF A CUSTODY ORDER FORM.** You must complete the Confidential Information Form 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 Victim Addendum. **An abuse victim is defined as a person for whom a protection order has been granted by a Court.**
5. Explain in detail the reasons why the present Custody Order should be modified. Remember that you should be focused on what would be in the best interests of the child(ren). **IF YOU NEED TO IDENTIFY THE CHILD(REN) IN THIS PARAGRAPH, USE CHILD 1, CHILD 2, ETC. DO NOT USE THEIR NAMES.**

Explain in detail **how the circumstances have changed** and **why this change in circumstances** would warrant a modification of your present custody order/parenting plan. **IF YOU NEED TO IDENTIFY THE CHILD(REN) IN THIS PARAGRAPH, USE CHILD 1, CHILD 2, ETC. DO NOT USE THEIR NAMES.**

Sign and print your name. Complete the ‘Verification’ and ‘Certification’.

CONFIDENTIAL INFORMATION FORM

This form must be filed with the Petition for Modification.

- Complete the caption as you did for the Modification Petition.
- List "Petition for Modification" as the title of the document and the date.
- List initials, the 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. An abuse victim is defined as a person for whom a protection order has been granted by a Court.**

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 Petition for Modification. 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 and that this is a new case. Move on to question 3.
- If this is not a new custody action and you have always been self-represented, mark the first box and the box indicating that this is not a new case and move on to question 3.
- If this is not a new case and you had an attorney represent you in your most recent action, mark the second box of question two 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 third box found in question two.

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 for Modification of Custody Order.

CRIMINAL RECORD/ ABUSE HISTORY VERIFICATION

- Complete the caption as you did for the Petition for Modification of Custody Order.
- 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 found on this form.
- **Information regarding criminal charges is available to the public through the UJS portal at <http://ujportal.pacourts.us>.**

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FORMS

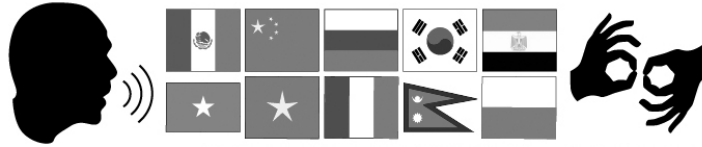
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Notice of Language Rights



Language Access Coordinator
Dauphin County Court of Common Pleas
101 Market Street, 3rd Floor Court Administrator's Office
Harrisburg, PA 17101
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 알리십시오.

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.

_____ : IN THE COURT OF COMMON PLEAS
 Plaintiff (Name of Plaintiff(s) on Current Custody Order) : DAUPHIN COUNTY, PENNSYLVANIA
 :
 v. : NO. _____ CV _____ CU
 : (Docket Number on Current Custody Order)
 _____ : CIVIL ACTION - LAW
 Defendant (Name of Defendant(s) on Current Custody Order) : IN CUSTODY

PETITION FOR MODIFICATION OF A CUSTODY ORDER

If you are an abuse victim and do not want to reveal your contact information, you are not required to list your address, telephone number and email address but you must complete a Confidential Information Form (CIF) Abuse Victim Addendum and file this form with the Prothonotary at the same time you file the Petition for Modification. An abuse victim is defined as a person for whom a protection order has been granted by a Court. Write "See CIF Abuse Victim Addendum" on the paragraph instead of listing this information. When you serve the other party(ies), do not include the CIF Abuse Victim Addendum. The information contained on the CIF Abuse Victim Addendum will only be available to the Court.

1. I, _____, respectfully represent that on
 (Your Name (You are the Petitioner))
 _____, 20____ a Custody Order of Court-Parenting Plan was
 (Date of the Custody Order Currently in Effect)
 entered in this case, a true and correct copy **is attached**.

2. Plaintiff's full name: _____

Plaintiff's complete mailing address:

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

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

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

Plaintiff's date of birth: _____

Plaintiff's relationship to the minor child(ren) is parent other _____
 (please specify).

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

Additional Plaintiff's full name: _____

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)

3. 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 4.

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)

4.



SEE CONFIDENTIAL INFORMATION FORM FOR THE COMPLETE NAME AND DATE OF BIRTH OF THE CHILD(REN). DO NOT WRITE THE CHILD(REN)'S NAME OR COMPLETE DATE OF BIRTH ON THIS PETITION FOR MODIFICATION. 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 1 (No name) _____
ADDRESS of Child or write "See CIF Abuse Victim Addendum" YEAR of Birth

Address of Child 2 (No name) _____
ADDRESS of Child or write "See CIF Abuse Victim Addendum" YEAR of Birth

Address of Child 3 (No name) _____
ADDRESS of Child or write "See CIF Abuse Victim Addendum" YEAR of Birth

Address of Child 4 (No name) _____
ADDRESS of Child or write "See CIF Abuse Victim Addendum" YEAR of Birth

Address of Child 5 (No name) _____
ADDRESS of Child or write "See CIF Abuse Victim Addendum" YEAR of Birth



Confidential Information Form and CIF Abuse Victim Addendum (If applicable) must be completed and filed with this Petition for Modification.

5 The Custody Order should be modified because: **IF YOU NEED TO IDENTIFY THE CHILD(REN) IN THIS PARAGRAPH, USE CHILD 1, CHILD 2, ETC. DO NOT USE THEIR NAMES.**

(State in detail, the reason(s) why the Current Order should be modified and how the circumstances of the parties and/or child(ren) have changed).

The change(s) in circumstances which supports a modification of the current custody order are as follows: **IF YOU NEED TO IDENTIFY THE CHILD(REN) IN THIS PARAGRAPH, USE CHILD 1, CHILD 2, ETC. DO NOT USE THEIR NAMES.**

6. I have attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No. 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 the Court modify the existing Order because it will be in the best interest of the child(ren).

Date

Signature of Petitioner

Print Name

Date

Signature of Petitioner (If more than one petitioner)

Print Name

VERIFICATION

I, _____, verify that the statements made in this Petition for Modification of 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 Petition for Modification of Custody Order 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 MODIFICATION 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 Modification.

IN THE COURT OF COMMON PLEAS
DAUPHIN COUNTY, PENNSYLVANIA

PLAINTIFF

vs.

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.

2. This (MARK ONE) is is not a new case and I am representing myself in this case and have decided not to hire an attorney to represent me.

OR (check only one box)

This is **NOT** a new case and _____ previously
(Name of Attorney)
represented me in this case. I have decided not to be represented by that attorney and direct the Prothonotary to remove that attorney as my counsel of record in this case.

I have provided a copy of this form to that attorney listed above at the following address:

I am entering my appearance as a self-represented party (sign) _____
My attorney acknowledges his/her withdrawal as my attorney in this case.
(Attorney signature) _____, Esq.

3. Check one box.

- I am a victim of abuse and the other party to this action was the abuser. My address is 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 for the purpose of receiving all future pleadings and other legal notices is: _____. I understand that this address will be the only address to which notices and pleadings in this case will be sent, and that I am responsible to regularly check my mail at this address to ensure that I do not miss important deadlines or proceedings.

4. Check one box.

- I am a victim of abuse and the other party to this action was the abuser. My telephone 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 the victim of abuse and my telephone number where I can be reached during normal business hours (8:00 a.m. – 4:30 p.m. Monday – Friday) is _____. My email address is _____.

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

6. **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: (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).**

7. **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 (Your Signature)

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

PLAINTIFF

IN THE COURT OF COMMON PLEAS
DAUPHIN COUNTY, PENNSYLVANIA

vs.

NO. _____

DEFENDANT

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

I, _____, hereby swear or affirm, subject to penalties of

PRINT NAME

law including 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the "YES" 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:

Answer		Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
Yes	No					
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	18 Pa.C.S. §2706 (relating to terroristic threats)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	18 Pa.C.S. §2718 (relating to strangulation)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Answer Yes or No		Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2901 (relating to kidnapping)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	18 Pa.C.S. §2903 (relating to false imprisonment)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	18 Pa.C.S. §3121 (relating to rape)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	18 Pa.C.S. §3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	18 Pa.C.S. §3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Answer Yes or No		Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES	NO					
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3127 (relating to indecent exposure)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	18 Pa.C.S. §3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	18 Pa.C.S. §4302 (relating to incest)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	18 Pa.C.S. §4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	18 Pa.C.S. §5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Answer Yes or No		Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES	NO					
<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"/>	<input type="checkbox"/>	18 Pa.C.S. §6301 (relating to corruption of minors)	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	18 Pa.C.S. §6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	Driving under the influence of alcohol or controlled substances	<input type="checkbox"/>	<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 "YES" 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:

Answer			Self	Other household member	Date
Yes	No				
<input type="checkbox"/>	<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"/>	_____
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Where: _____ 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 statements made in the Criminal Record/Abuse History Verification are **true and correct to the best of my knowledge, information and 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 and **can be punishable by fine or imprisonment**.

Signature

Printed Name