Filing Fee: $162.25
Cash, Money Order or Credit Card

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

Mifflin County Pro Se Custody Complaint

HOW TO FILE A CUSTODY COMPLAINT IN MIFFLIN COUNTY

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

ALL paperwork in this packet must be completed along with the "Application to Waive Fees and Costs", if applicable. The only thing you DO NOT fill out now is the Certificate of Service. The Certificate of Service will not be filled out or filed until after service is made to all of the parties involved.

Filing fee is **$162.25** (cash, credit card or money order made payable to Mifflin County Prothonotary).
WE DO NOT ACCEPT PERSONAL CHECKS.

Take the original documents along with the filing fee to the Prothonotary's office located on the first floor of the courthouse (address listed above). **After filing the documents at the Prothonotary's Office you will need to serve a copy of the complaint on all of the parties listed on the complaint.** The Prothonotary's office will provide you with the time stamped copies that will need to be served.

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

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

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

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

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY, PENNSYLVANIA
CIVIL DIVISION-LAW

_____
Plaintiff

vs

_____
Defendant

CP-44-CV-_____-20_____

IN CUSTODY

COMPLAINT IN CUSTODY

1. The Plaintiff is _____, residing at _____, (county)
_____ (street) (city) (state) (zip)

2. The Defendant is _____, residing at _____, (county)
_____ (street) (city) (state) (zip)

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

Initials of the Child ONLY	Present Addres:	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Child(ren) ( ) was or ( ) was not born out of wedlock.

The Child(ren) is presently in the custody of _____, who resides at
_____, _____
(street) (city) (state) (zip) (county)

During the past five years, the child(ren) has resided with the following person(s) and at the following addresses:

List ALL Persons:	Addresses:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A parent of the child(ren) is _____, currently residing at

_____, _____
(street) (city) (state) (zip) (county)

This parent is ( ) single ( ) married ( ) divorced.

A parent of the child(ren) is _____, currently residing at

_____, _____
(street) (city) (state) (zip) (county)

This parent is ( ) single ( ) married ( ) divorced.

4. The relationship of the Plaintiff to the child(ren) is _____. The Plaintiff currently resides with:

Name:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____

5. The relationship of the Defendant to the child(ren) is _____. The Defendant currently resides with:

Name:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____

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

_____

Plaintiff ( ) has ( ) has no information of a custody proceeding concerning the child pending in a court of this commonwealth. The court, term and number and it relationship to this action is:

_____

Plaintiff ( ) knows ( ) does not know, of a person not a party to the proceeding who has physical custody of the child(ren) or claims to have custodial rights with respect to the child(ren). The name and address of such person is: _____

7. The best interest and permanent welfare of the child(ren) will be served by granting the relief requested because:

_____

_____

_____

_____

_____

_____

(#7 continued)

(ADDITIONAL SHEETS OF PAPER MAYBE ADDED, PLEASE DO NOT WRITE ON THE BACK OF THESE FORMS)

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

Name:	Address:	Basis of Claim:

9. Standing

   (a) If the plaintiff is seeking physical or legal custody of a child and is *in loco parentis* to the child, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. § 5324(2).

   (b) If the plaintiff is a grandparent seeking physical or legal custody of a grandchild and is not *in loco parentis* to the child, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. § 5324(3).

(c) If the plaintiff is seeking physical or legal custody of a child and is not *in loco parentis* to the child, the plaintiff shall plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(4) and (5).

_____

_____

_____

(d) If the plaintiff is a grandparent or great-grandparent seeking partial physical custody or supervised physical custody of a grandchild or great-grandchild, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. § 5325.

_____

_____

_____

10. Plaintiff has attached the Criminal Record/Abuse History Verification form required pursuant to Pa. R.C.P. No. 1915.3-2.

WHEREFORE, Plaintiff requests the court to grant ( ) shared legal custody ( ) sole legal custody ( ) partial physical custody ( ) primary physical custody ( ) shared physical custody ( ) sole physical custody ( ) supervised physical custody of the child(ren).

_____ _____

(Date) (Plaintiff's Signature)

Plaintiff's Contact Information:

_____

Plaintiff's Name

_____

Plaintiff's Phone Number

_____

Plaintiff's Email Address

Defendant's Contact Information:

_____

Defendant's Name

_____

Defendant's Phone Number

_____

Defendant's Email Address

VERIFICATION

I verify that the statements made in this Complaint are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

_____

(Plaintiff Signature)

CP-44-CV-_____-20_____

CERTIFICATE OF COMPLIANCE

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

Submitted by: _____
(print name of who filed document)

Signature: _____

Name: _____
(print)

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY PENNSYLVANIA
CIVIL ACTION

_____ Plaintiff	:	
vs	:	CP-44-CV-_____-20_____
_____ Defendant	:	

ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY

PURSUANT TO Pa.R.C.P. No. 1930.8

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

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

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

____ Withdraw my appearance for the filing party.

_____ Esq. ID# _____
Print Name

_____ _____
Signature Date

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

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

_____
Print Name

_____ _____
Signature Phone Number

_____ _____
Street Adress Fax Number

_____ _____
City, State, Zip Date

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

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNT, PENNSYLVANIA

CP-44-CV-_____ - 20_____

☐ **CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

☐ **REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY COURT**

(Court may use the first page of the parties' criminal record/abuse history verification or may complete a new form.)

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. § 6112, or **the Domestic and Sexual Violence Victim Address Confidentiality Act,** 23 Pa.C.S. §§ 67016713, or **the Child Custody 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. § 6112, or **the Domestic and Sexual Violence Victim Address Confidentiality Act**, 23 Pa.C.S. § 67016713, or **the Child Custody 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
☐	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2701 (relating to simple assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2702 (relating to aggravated assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2705 (relating to recklessly Endangering another person)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2706 (relating to terroristic threats)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2709.1 (relating to stalking)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2718 (relating to strangulation)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2901 (relating to kidnapping)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2902 (relating to unlawful restraint)	☐	☐	_____	_____

☐	18 Pa.C.S. § 2903 (relating to false imprisonment)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2904 (relating to interference with custody of children)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2910 (relating to luring a child into a motor vehicle or structure)	☐	☐	_____	_____
☐	18 Pa.C.S. Ch. 30 (relating to human trafficking)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3121 (relating to rape)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3124.1 (relating to sexual assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3126 (relating to indecent assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3127 (relating to indecent exposure)	☐	☐	_____	_____

☐	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3301 (relating to arson and related offenses)	☐	☐	_____	_____
☐	18 Pa.C.S. § 4302 (relating to incest)	☐	☐	_____	_____
☐	18 Pa.C.S. § 4303 (relating to concealing death of child)	☐	☐	_____	_____
☐	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	☐	☐	_____	_____
☐	18 Pa.C.S. § 4305 (relating to dealing in infant children)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5533 (relating to cruelty to animal)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5543 (relating to animal fighting)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)	☐	☐	_____	_____

☐	18 Pa.C.S. § 5902(b) or (b.1) (relating to prostitution and related offenses)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5903(c) or (d) (relating to obscene and other sexual materials and performances)	☐	☐	_____	_____
☐	18 Pa.C.S. § 6301 (relating to corruption of minors)	☐	☐	_____	_____
☐	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	☐	☐	_____	_____
☐	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	☐	☐	_____	_____
☐	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	☐	☐	_____	_____
☐	Finding of contempt of a Protection from Abuse order or agreement under 23 Pa.C.S. § 6114	☐	☐	_____	_____
☐	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14	☐	☐	_____	_____
☐	Driving under the influence of drugs or alcohol	☐	☐	_____	_____

☐	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	☐	☐	_____	_____

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**
☐	Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction. What jurisdiction?:	☐	☐	☐
☐	A determination or finding of abuse (*i.e.*, 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. 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. 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.	☐	☐	☐
☐	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).	☐	☐	☐
☐	Other: _____	☐	☐	☐

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

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.

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:

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

_____
Print 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

_____
Print Name

CONFIDENTIAL INFORMATION FORM

THIS FORM MUST BE COMPLETED

- The court considers the following information to be confidential:
  - Social Security Number
  - Financial Account Numbers
  - Driver's License Number
  - Minors Names and Dates of Birth

- This information is confidential and shall not be included in any documents filed with the court that is of public access.

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

- The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.

- Do not include confidential information in any other document filed with the court under this docket.

- This form and any additional pages must be served on all parties and counsel of record.

Instructions for completing the Confidential Information Form

1. Put on your case caption (docket number will be assigned by the filing office).
2. In the boxes you must put the initials, full name and date of birth for each child you are seeking custody of.
3. Complete the 2nd page with your signature, date, print name, address, telephone and email address.

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

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

CONFIDENTIAL INFORMATION FORM

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

_____ CP-44-CV-_____-20_____
Plaintiff

Vs

_____ _____
Defendant Court

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

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania,* the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter.** This form, and any additional pages, shall remain confidential, except that it shall be available to parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties, counsel or record.

This Information Pertains to:

_____
(initials of the child)

_____
(full name of the Child)

_____
(child's date of birth)

This Information Pertains to:

_____
(initials of the child)

_____
(full name of the Child)

_____
(child's date of birth)

This Information Pertains to:

_____
(initials of the child)

_____
(full name of the Child)

_____
(child's date of birth)

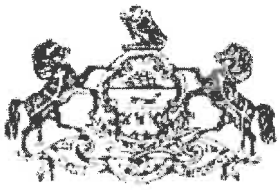
This Information Pertains to:

_____
(initials of the child)

_____
(full name of the Child)

_____
(child'ss date of birth)

CONFIDENTIAL INFORMATION FORM



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) (date)

_____

(print name)

_____ _____

(street address) (phone number)

_____ _____

(city, state, zip) (email)

Plaintiff's Date of Birth: _____ Defendant's Date of Birth: _____

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

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

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

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

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

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

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

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

You do NOT complete the Certificate of Service until AFTER you file the paperwork with the Prothonotary's office. Properly serving the Complaint is very important and if not handled properly, the Court may delay the hearing in your case.

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

_____
Plaintiff

v.

CP-44-CV-_____-20_____

_____
Defendant

IN DIVORCE

CERTIFICATE OF SERVICE FOR CUSTODY COMPLAINT

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

(CHECK ONE)

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

( ) The Defendant(s) was personally served with a true and correct copy of the above pleading by hand-delivering the same to the Defendant(s) or by handing a copy at the residence or place of business of the Defendant(s) as set forth in Pa. R.C.P. §402. Personal service was made at the following location and time: _____ on the _____ day of _____, 20_____, at _____ o'clock. If service was made on an adult, other than the Defendant(s), at the residence or place of business, the name of this adult is_____.

I verify that the statements made in this certificate of service are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

_____
Date

_____
Signature of Person Who Made Service

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY, PENNSYLVANIA

_____ Plaintiff	:	NO. CP-44-CV- 20-
v.	:	
_____ Defendant	:	CUSTODY

ORDER OF COURT

You, _____ ( ) defendant ( ) respondent, have been sued in court to ( ) OBTAIN ( ) MODIFY ( ) shared legal custody ( ) sole legal custody and ( ) partial physical custody ( ) primary physical custody ( ) shared physical custody ( ) sole physical custody ( ) supervised physical custody of the child(ren):

(INITIALS ONLY)

_____

_____

_____

_____

You are ordered to appear in person at 20 North Wayne Street, Lewistown, PA 17044, Courtroom _____
(Address)

on, _____, at _____, __M., for
(Day and Date) (Time)

- ☐ a conciliation or mediation conference.
- ☐ a pretrial conference.
- ☐ a hearing before the court.

If you fail to appear as provided by this order, an order for custody may be entered against you or the court may issue a warrant for your arrest.

You must file with the court a verification regarding any criminal record or abuse history regarding you and anyone living in your household on or before the initial in-person contact with the court (including, but not limited to, a conference with a conference officer or judge or conciliation) but not later than 30 days after service on the complaint or petition.

No party may make a change in the residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all of the applicable provisions of 23 Pa.C.S. § 5337 and Pa.R.C.P. No. 191517 regarding relocation.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

MidPenn Legal Services
(Name)
3 W. Monument Square, Ste 303
(Street Address)
Lewistown, PA 17044
(City, State, Zip Code)
(814) 238-4958
(Telephone)

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Mifflin County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

BY THE COURT

Date: _____ _____ J.

APPLICATION TO WAIVE FEES AND COSTS

****

PRINT NEATLY IN BLUE OR BLACK INK

****

To file this Custody Complaint, it will cost **$162.25 (cash or money order)**. However, it may be possible to have this filing fee waived if you can prove to the Court that you cannot afford to pay the filing fee.

To do this, you must file an "Application to Waive Fees and Costs" (Waiver). A "Waiver" is a detailed list of your income and expenses. You must complete the "Waiver" and file it along with your Custody Complaint at the Prothonotary's Office. Fill in the information to the best of your ability and remember to sign and date the Verification portion of the form.

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

IN THE COURT OF COMMON PLEAS
MIFFLIN COUNTY, PENNSYLVANIA

_____
PLAINTIFF

VS

CP-44-CV-_____-20___

_____
DEFENDANT

APPLICATION TO WAIVE FEES AND COSTS

Party Name:_____
First Middle Last

Residence:_____
City, State, Zip:_____

☐ Check the box if you are currently without a house or apartment.

Do you currently receive one or more of the following public benefits?

- Supplemental Nutrition Assistance Program (SNAP)(food stamps)
- Medicaid
- Supplemental Security Income (SSI) (Not Social Security Disability Insurance (SSDI)
- Temporary Assistance to Needy Families (TANF)
- Public Housing or Section 8 Housing
- Needs-based VA Pension
- Low-Income Energy Assistance
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Other need-based federal, state, or local program:_____
  Name of Program

☐ Yes ☐ No

If you answered "Yes," skip the remainder of the form and sign/date the VERIFICATION.

I am providing the following information about people who live with me:

I support ___ adult children, who are incapable of self-support due to a physical or mental disability.

I support ___ children under 18.

GROSS MONTHLY INCOME (income before paying taxes and other deductions):

$_____ monthly wages. I work as a _____ for
(job title/description)
_____.
(name of employer)

$_____ unemployment compensation. I have been unemployed since _____
(date)
My last employer was _____.
(name of employer)

$_____ money received from other people.

$_____ ☐ Retirement/Pension ☐ Disability
☐ Workers Comp ☐ Social Security
☐ Child/Spousal support ☐ Other sources: _____
(describe sources)

$_____ Total monthly gross income

ASSETS (Current Value):

$_____ Cash

$_____ Bank accounts or other financial assets

$_____ Primary vehicle

$_____ Other vehicles

$_____ House

$_____ Other real estate

$_____ Other property: _____

_____

_____

(describe)

$_____ Total value of property

MONTHLY EXPENSES YOU PAY:

$_____ Rent/mortgage payment

$_____ Food and household supplies

$_____ Utilities, including cell phone

$_____ Clothing and other personal expenses

$_____ Medical and dental expenses/insurance

$_____ Child care

$_____ Transportation, including car payments and repairs

$_____ Child and spousal support or alimony

$_____ Other expenses: _____

_____

_____

(describe)

$_____ Total monthly expenses

Are there other facts that you would like the court to know about your circumstances that may help the court decide whether to grant your application, such as you are experiencing homelessness or you have health issues?

_____

_____

_____

VERIFICATION

I understand that I have a continuing obligation to inform the court of an improvement in my financial circumstances that would permit me to pay the fees and costs in this case. If I fail to inform the court of any changes in my circumstances, I understand that the court may rescind the waiver of fees and costs and order me to pay those fees and costs.

I verify that the statements made in this application 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 Party's Signature

IN THE COURT OF COMMON PLEAS
MIFFLIN COUNTY, PENNSYLVANIA

_____

PLAINTIFF

VS **CP-44-CV-_____-20___**

_____

DEFENDANT

ORDER

AND NOW, this _____ day of _____, 20_____, upon consideration of the within Application to Waive Fees and Costs, said Application is GRANTED/DENIED. The Petitioner, _____ may/may not file the _____ and proceed without payment of filing fees.

_____ _____

Date **Prothonotary**