

# CUSTODY COMPLAINT AND ORDER FOR CUSTODY CONFERENCE

(Beaver County)

For NEW custody cases.

*Please note that the law librarian, staff of the Beaver County Law Library, staff of the Juvenile Services Division, staff of the Court Administrator's Office and the Judge's Law Clerk are either not qualified nor permitted to assist persons in the preparation or filing of child custody documents or to provide legal advice or assistance of any kind on child custody or any other legal matters.*

*LITIGANTS ARE STRONGLY ENCOURAGED TO CONSULT WITH AN ATTORNEY. If you need an attorney, you may contact Beaver County Bar Association's Lawyer Referral Service at 724-728-4888 at a reduced rate for the initial consultation.*

## SUMMARY OF STEPS

### Before you go to Court:

1. Complete the forms in **ink**, not pencil. Incomplete forms will be refused.
2. Photocopy all of the forms (*except the Proof of Service and Acceptance of Service*).
3. **SERVE** the other party a copy of all of the forms along with the Notice of Intention to Present at **least three business days before** you present the Petition to the Judge. **If the other party has an attorney, you must serve the attorney.**
  - a. The date you write on this form is the day you plan to present the documents to the Court. It must be at least 3 business days away and must be a Tuesday or a Thursday.
  - b. Directions on how to serve the other party are attached and are strictly followed. (Rule 440).
4. Notice to incarcerated parent- If the other parent is presently **incarcerated**, ask library staff for this form and include it with the Petition.
5. Your forms **must** be in **numerical order** when you go to court.
6. If you are representing yourself, you must file an Entry of Appearance as a Self-Represented Party form.

### In Court:

7. Take **completed ORIGINAL** forms to Motions Court, Courtroom #4, Second Floor of the Courthouse, **no later than 8:45 a.m. any Tuesday or Thursday** and check in with the tip staff. Late motions will not be heard.
8. A law clerk will review your paperwork for proper completion.
9. The Judge will review the petition, hear testimony, and issue an Order or assign a hearing date, if needed. You will then receive a clocked copy of the Order and the original will be returned to you to file in the Prothonotary's office.

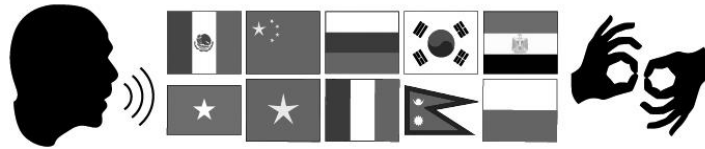
### After you leave the Courtroom:

1. **File** the papers in the Prothonotary's Office (1<sup>st</sup> floor). There will be a filing fee.
2. **Serve** the other party with the Order signed by the Judge if the other party is not present. Service is made pursuant to Pa.R.C.P. No. 1930.4, which is attached.
3. **File** either a Proof of Service or Acceptance of Service Form with the Prothonotary after service has been done if the other party was not present at the proceeding. **MAKE AND KEEP A COPY FOR YOURSELF.**
4. Bring a copy of the Proof of Service or Acceptance of Service that you filed in the Prothonotary's office to **ALL** later hearings, conferences and/or trials.
5. Sign-up for, attend, and complete the Positive Transition: Educational Custody Seminar given by the Juvenile Services Division of the Beaver County Courthouse. After you have completed your Positive Transition Seminar, the Juvenile Services Division will submit your Completion Certificate to the Prothonotary's Office for filing.

## **IMPORTANT INFORMATION**

**If there is a PFA**, you may send the legal paperwork but do NOT include any other letters, notes, etc. If it is a true emergency, you may have a family member or friend call or hand deliver copies of the notice. Only in extreme emergencies will the Judge accept oral notice.

### **Notice of Language Rights**



Language Access Coordinator  
Beaver County Courthouse, 810 Third Street, Beaver, PA, 15009  
724-770-4770  
[languageaccess@beavercountypa.gov](mailto:languageaccess@beavercountypa.gov)

**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 contained in 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.

**ASL interpreters are also available upon request.**

**For questions pertaining to the updated *Case Records Public Access Policy of the Unified Judicial System* and the last three pages of this document, please visit:  
<https://www.pacourts.us/public-records/public-records-policies>**

CIVIL DIVISION -- LAW

\_\_\_\_\_,  
Plaintiff  
vs.  
\_\_\_\_\_,  
Defendant  
: : : : : :  
No. \_\_\_\_\_

**ORDER OF COURT**

You, \_\_\_\_\_, (Defendant) (Respondent), have been sued in Court to obtain (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):  
*[use child(ren)'s initials ONLY]* \_\_\_\_\_

*You are ordered to appear in person before the Child Custody Conference Officer, Juvenile Services Division at the Courthouse, first floor, in Beaver, Pennsylvania, 15009 on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) for a Conference before conference officer \_\_\_\_\_.*

**ALL CHILDREN AGE 10 AND OLDER MUST BE PRESENT FOR THIS CONFERENCE.**

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 of 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. 1915.17 regarding relocation.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, 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.**

*Lawyer Referral Service  
788 Turnpike Street  
Beaver, PA 15009  
(724) 728-4888  
<http://bcba-pa.org/lawyer-referral-service/>*

**AMERICANS WITH DISABILITIES ACT OF 1990**

*The Court of Common Pleas of Beaver 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.

**IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
PENNSYLVANIA**

Plaintiff,	:	
	:	
vs.	:	No. _____
	:	
Defendant.	:	

**NOTICE OF INTENTION TO PRESENT**

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(name & address of the other party)

Please take notice that I intend to present the attached Custody Complaint seeking a hearing date on *(date)* \_\_\_\_\_ at 8:45a.m., Courtroom No. 4, Beaver County Courthouse, Beaver, PA. If both parties attend when the Complaint is presented, an earlier hearing date will be assigned.

**Date** \_\_\_\_\_  
\_\_\_\_\_  
Petitioner

**CERTIFICATION OF SERVICE**

I hereby certify that I have caused to be served a true and correct copy of the attached on the above named defendant at least 3 business days prior to the date of presenting the Motion by way of (check all that apply):

_____	regular mail
_____	certified mail
_____	hand delivery

\_\_\_\_\_  
Petitioner

**Court of Common Pleas of Beaver County  
Civil Division  
Civil Cover Sheet**

For Prothonotary Use Only (Docket Number)

PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS
PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS
PLAINTIFF'S NAME	DEFENDANT'S NAME
PLAINTIFF'S ADDRESS	DEFENDANT'S ADDRESS

TOTAL NO. OF PLAINTIFFS	TOTAL NO. OF DEFENDANTS	COMMENCEMENT OF ACTION
		<input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Transfer From Other Jurisdictions

<b>AMOUNT IN CONTROVERSY</b>  <input type="checkbox"/> \$25,000 or Less  <input type="checkbox"/> Over \$25,000	<b>CASE TYPE</b>  <input type="checkbox"/> Domestic Relations <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Custody
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<b>TO THE PROTHONOTARY:</b>		
SIGNATURE	SUPREME COURT IDENTIFICATION NO. <b>N/A</b>	DATE

NAME OF PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY (OR <u>PRO SE LITIGANT</u> )	ADDRESS (SEE INSTRUCTIONS)

PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

**In the Court of Common Pleas of Beaver County  
Pennsylvania**

<b>Plaintiff</b>  <b>Defendant</b>	: : : : : : :	vs.  No. _____
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**COMPLAINT FOR CUSTODY**

**1. The plaintiff is** \_\_\_\_\_ ,  
**residing at** \_\_\_\_\_ .  
*(give full address) (Street) (City) (Zip Code) (County)*

**Plaintiff/Petitioner is over 18 years of age. Yes/No (circle one)**

**2. The defendant is** \_\_\_\_\_ , **(Name) who resides at**  
 \_\_\_\_\_ .  
*(give full address) (Street) (City) (Zip Code) (County)*

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

<b>Initials Only</b>	<b>Present Residence</b> <i>(give full address)</i>	<b>Year of Birth ONLY</b>

**The child** *circle one* **(was)(was not) born out of wedlock.**

**The child is presently in the custody of** \_\_\_\_\_ , **who resides at**  
 \_\_\_\_\_ .  
**Name**  
*(give full address) (Street) (City) (State)*

**During the past five years, the child has resided with the following persons and at the following addresses:**

<b>(List All Persons)</b>	<b>(List All Addresses)</b>	<b>(Dates)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(give full address)*

**A parent of the child is \_\_\_\_\_, currently residing at \_\_\_\_\_**

**This parent is (married) (divorced) (single). *(give full address)***

**A parent of the child is \_\_\_\_\_, currently residing at \_\_\_\_\_**

**This parent is (married) (divorced) (single). *(give full address)***

**4. Plaintiff's relationship to the child is that of \_\_\_\_\_**

**Plaintiff currently resides with the following persons:**

<b>Name</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____

**5. Defendant's relationship to the child is that of \_\_\_\_\_**

**Defendant currently resides with the following persons:**

<b>Name</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____

**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 its relationship to this action is:**

\_\_\_\_\_  
\_\_\_\_\_

**Plaintiff (has) (has no) information of a custody proceeding concerning the child pending in a court of this Commonwealth or any other state. The court, term and number, and its relationship to this action is \_\_\_\_\_**

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**Plaintiff (knows) (does not know) of a person not a party to the proceedings who has physical custody of the child or claims to have custody rights with respect to the child. The name and address of such person is: (give full address)**

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**7. The child's best interest and permanent welfare will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the child's best interest and permanent welfare):**

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**8. Each parent whose parental rights to the child have not been terminated and the person who has physical custody of the child 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 will be given notice of the pendency of this action and the right to intervene:**

<b>Name</b>	<b>Address (give full address)</b>	<b>Basis of Claim</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9. (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).**

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**(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).**

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**(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).**

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**(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 pursuant to § 5325.**

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**10. The 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.**

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**Plaintiff/Attorney for Plaintiff**

## VERIFICATION

I, \_\_\_\_\_, verify that the statements made in this Petition for Custody are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. Cons. Stat. Ann § 4904, relating to unsworn falsification to authorities which provides that if I knowingly make false averments, I may be subject to criminal penalties.

\_\_\_\_\_  
Petitioner

Date: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY, PENNSYLVANIA  
CIVIL ACTION-LAW

Plaintiff,	:	
	:	
vs.	:	No. _____
	:	
	:	
Defendant.	:	

**CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

I \_\_\_\_\_, hereby swear or affirm, subject to penalties of law including 18 Pa. C.S. §4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the 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:

Check all that Apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea, No Contest Plea or Pending Charges	Sentence
1 <input type="checkbox"/>	Criminal Homicide (18 Pa. C.S. Ch. 25)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2 <input type="checkbox"/>	Aggravated Assault (18 Pa.C.S. §2702);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3 <input type="checkbox"/>	Terroristic Threats (18 Pa.C.S. §2706);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4 <input type="checkbox"/>	Stalking (18 Pa.C.S. §2709.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5 <input type="checkbox"/>	Kidnapping (18 Pa.C.S. §2901);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6 <input type="checkbox"/>	Unlawful Restraint (18 Pa.C.S. §2902);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7 <input type="checkbox"/>	False Imprisonment (18 Pa.C.S. §2903);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8 <input type="checkbox"/>	Luring a Child into a Motor Vehicle or Structure (18 Pa.C.S. §2910);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9 <input type="checkbox"/>	Rape (18 Pa.C.S. §3121);	<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
10	<input type="checkbox"/>	Statutory Sexual Assault (18 Pa.C.S. §3122.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11	<input type="checkbox"/>	Involuntary Deviate Sexual Intercourse (18 Pa.C.S. §3123);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12	<input type="checkbox"/>	Sexual Assault (18 Pa.C.S. §3124.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13	<input type="checkbox"/>	Aggravated Indecent Assault (18 Pa.C.S. §3125);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14	<input type="checkbox"/>	Indecent Assault (18 Pa.C.S. §3126);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
15	<input type="checkbox"/>	Indecent Exposure (18 Pa.C.S. §3127);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16	<input type="checkbox"/>	Sexual Intercourse with Animal (18 Pa.C.S. §3129);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
17	<input type="checkbox"/>	Conduct Relating to Sex Offenders (18 Pa.C.S. §3130);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18	<input type="checkbox"/>	Arson and Related Offenses (18 Pa.C.S. §3301);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
19	<input type="checkbox"/>	Incest (18 Pa.C.S. §4302);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
20	<input type="checkbox"/>	Concealing Death of Child (18 Pa.C.S. §4303);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
21	<input type="checkbox"/>	Endangering Welfare of Children (18 Pa.C.S. §4304);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
22	<input type="checkbox"/>	Dealing in Infant Children (18 Pa.C.S. §4305);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
23	<input type="checkbox"/>	Prostitution and Related Offenses (18 Pa.C.S. §5902(b));	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
24	<input type="checkbox"/>	Obscene and Other Sexual Materials and Performances (18 Pa.C.S. §5903(c) or (d));	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
25	<input type="checkbox"/>	Corruption of Minors (18 Pa.C.S. §6301);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
26	<input type="checkbox"/>	Sexual Abuse of Children (18 Pa.C.S. §6312);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
27	<input type="checkbox"/>	Unlawful Contact with Minor (18 Pa.C.S. §6318);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
28	<input type="checkbox"/>	Sexual Exploitation of Children (18 Pa.C.S. §6320);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
29	<input type="checkbox"/>	Contempt for Violation of Protection Order or Agreement (23 Pa.C.S. §6114);	<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
30	<input type="checkbox"/> Driving Under the Influence of Drugs or Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
31	<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 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 Children & Youth agency, including the following:

Check all that Apply		Self	Other Household Member	Date
32	<input type="checkbox"/> An indication or 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"/>	_____
33	<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"/>	_____
34	<input type="checkbox"/> Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where?: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
35	<input type="checkbox"/> 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.

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5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain:

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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.

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Signature

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Printed Name

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY, PENNSYLVANIA  
CIVIL ACTION-LAW

Plaintiff,	:	
	:	
vs.	:	No. _____
	:	
	:	
Defendant.	:	

**CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

I \_\_\_\_\_, hereby swear or affirm, subject to penalties of law including 18 Pa. C.S. §4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the 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:

Check all that Apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea, No Contest Plea or Pending Charges	Sentence
1 <input type="checkbox"/>	Criminal Homicide (18 Pa. C.S. Ch. 25)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2 <input type="checkbox"/>	Aggravated Assault (18 Pa.C.S. §2702);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3 <input type="checkbox"/>	Terroristic Threats (18 Pa.C.S. §2706);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4 <input type="checkbox"/>	Stalking (18 Pa.C.S. §2709.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5 <input type="checkbox"/>	Kidnapping (18 Pa.C.S. §2901);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6 <input type="checkbox"/>	Unlawful Restraint (18 Pa.C.S. §2902);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7 <input type="checkbox"/>	False Imprisonment (18 Pa.C.S. §2903);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8 <input type="checkbox"/>	Luring a Child into a Motor Vehicle or Structure (18 Pa.C.S. §2910);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9 <input type="checkbox"/>	Rape (18 Pa.C.S. §3121);	<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
10	<input type="checkbox"/>	Statutory Sexual Assault (18 Pa.C.S. §3122.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11	<input type="checkbox"/>	Involuntary Deviate Sexual Intercourse (18 Pa.C.S. §3123);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12	<input type="checkbox"/>	Sexual Assault (18 Pa.C.S. §3124.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13	<input type="checkbox"/>	Aggravated Indecent Assault (18 Pa.C.S. §3125);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14	<input type="checkbox"/>	Indecent Assault (18 Pa.C.S. §3126);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
15	<input type="checkbox"/>	Indecent Exposure (18 Pa.C.S. §3127);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16	<input type="checkbox"/>	Sexual Intercourse with Animal (18 Pa.C.S. §3129);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
17	<input type="checkbox"/>	Conduct Relating to Sex Offenders (18 Pa.C.S. §3130);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18	<input type="checkbox"/>	Arson and Related Offenses (18 Pa.C.S. §3301);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
19	<input type="checkbox"/>	Incest (18 Pa.C.S. §4302);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
20	<input type="checkbox"/>	Concealing Death of Child (18 Pa.C.S. §4303);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
21	<input type="checkbox"/>	Endangering Welfare of Children (18 Pa.C.S. §4304);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
22	<input type="checkbox"/>	Dealing in Infant Children (18 Pa.C.S. §4305);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
23	<input type="checkbox"/>	Prostitution and Related Offenses (18 Pa.C.S. §5902(b));	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
24	<input type="checkbox"/>	Obscene and Other Sexual Materials and Performances (18 Pa.C.S. §5903(c) or (d));	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
25	<input type="checkbox"/>	Corruption of Minors (18 Pa.C.S. §6301);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
26	<input type="checkbox"/>	Sexual Abuse of Children (18 Pa.C.S. §6312);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
27	<input type="checkbox"/>	Unlawful Contact with Minor (18 Pa.C.S. §6318);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
28	<input type="checkbox"/>	Sexual Exploitation of Children (18 Pa.C.S. §6320);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
29	<input type="checkbox"/>	Contempt for Violation of Protection Order or Agreement (23 Pa.C.S. §6114);	<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
30	<input type="checkbox"/> Driving Under the Influence of Drugs or Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
31	<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 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 Children & Youth agency, including the following:

Check all that Apply		Self	Other Household Member	Date
32	<input type="checkbox"/> An indication or 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"/>	_____
33	<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"/>	_____
34	<input type="checkbox"/> Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where?: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
35	<input type="checkbox"/> 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.

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5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain:

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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.

---

Signature

---

Printed Name

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
PENNSYLVANIA

\_\_\_\_\_,  
Plaintiff,  
vs. No. \_\_\_\_\_  
\_\_\_\_\_,  
Defendant.

PROOF OF SERVICE

I \_\_\_\_\_ (*your name*), hereby certify that I delivered a copy of the (*name of document*)  
\_\_\_\_\_ to  
\_\_\_\_\_ (*name of party*) on  
\_\_\_\_\_ (*date*), at \_\_\_\_\_ o'clock p.m./a.m. Delivery was made by (check all

that apply):

- \_\_\_\_\_ regular mail
- \_\_\_\_\_ certified mail
- \_\_\_\_\_ hand delivery

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PETITIONER

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
PENNSYLVANIA

\_\_\_\_\_,  
Plaintiff,  
vs. No. \_\_\_\_\_  
\_\_\_\_\_,  
Defendant.

ACCEPTANCE OF SERVICE

I accept service of the \_\_\_\_\_ (*name of document*). I certify that I am authorized to accept service on behalf of defendant.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT OR AUTHORIZED AGENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
MAILING ADDRESS

*Note: If defendant accepts service personally, the second sentence should be deleted.*

\_\_\_\_\_  
PLAINTIFF

vs.

IN THE COURT OF COMMON PLEAS  
BEAVER COUNTY, PENNSYLVANIA

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

\_\_\_\_\_  
DEFENDANT

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

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

2.  This **(CIRCLE 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:

\_\_\_\_\_

**OR (check only one box)**

I am entering my appearance as a self-represented party (sign) \_\_\_\_\_

I am withdrawing my appearance as attorney in this case (attorney signature) \_\_\_\_\_

3. 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.

This is my home address.  This is not my home address.

4. My telephone number where I can be reached during normal business hours (8:30 a.m. – 4:30 p.m. Monday – Friday) is \_\_\_\_\_ My email address is \_\_\_\_\_

My telephone number is confidential pursuant to a Protection From Abuse Order.

**5. I UNDERSTAND I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.**

6. 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 \_\_\_\_\_

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)

**CERTIFICATE OF COMPLIANCE**

**RE: ACCESS TO COURT CASE RECORDS**

**CASE NO.**\_\_\_\_\_

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

Submitted by:\_\_\_\_\_

Signature:\_\_\_\_\_

Name:\_\_\_\_\_

Attorney No. (if applicable):\_\_\_\_\_

Rev. 02/22/18

Beaver County Courthouse  
810 Third Street  
Beaver, Pennsylvania 15009  
724-774-8870  
724-728-6444 (fax)

Court of Common Pleas



County of  
Beaver  
Juvenile Services Division

Colleen Tittiger  
Director

## Positive Transition: Educational Custody Seminar Registration Form

**WHAT:** Individuals who are parties in custody actions are required by the Beaver County Court to attend a four-hour parenting seminar. This seminar is geared towards families dealing with divorce and familial transitions due to a custody case. The program covers a wide-range of topics and is beneficial in teaching effective parenting skills. Children should NOT attend the seminar. Smoking on County Property is prohibited in accordance with County Ordinance No.: 12184-ORD. **Due to limited availability per session, pre-registration is required in person at the Juvenile Services Division.**

**WHO:** All parties involved in a custody matter in Beaver County are required to attend.

**WHEN:** Seminars are held twice a month during two different time slots to accommodate a variety of work schedules. Each class is **approximately** four hours long. You must attend all four hours of the seminar to achieve a successful completion.

**WHERE:** The seminar will take place in the Jurors' Lounge on the second floor of the Beaver County Courthouse, 810 Third Street, Beaver, PA 15009. If you are registered for an evening session, please enter the Courthouse through the rear entrance.

**COST:** \$55 **exact** per person. Payment must be made at the time of registration. Certified checks, Money Orders, and Cash are acceptable forms of payment. Personal checks, credit cards, or debit cards are **not** acceptable forms of payment. All participants must present a copy of this form and photo ID at check-in on the date of the seminar. **Please make certified check or money order payable to Juvenile Services Division.**

**Daytime Seminars:**  
**8:30 am – 12:30 pm**

January 04, 2022	February 01, 2022
March 01, 2022	April 5, 2022
May 03, 2022	June 07, 2022
July 19, 2022	August 02, 2022
September 13, 2022	October 11, 2022
November 22, 2022	December 06, 2022

**Evening Seminars:**  
**4:30 pm – 8:30 pm**

January 25, 2022	February 15, 2022
March 22, 2022	April 26, 2022
May 24, 2022	June 21, 2022
July 26, 2022	August 23, 2022
September 27, 2022	October 25, 2022
November 29, 2022	December 13, 2022

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No./Email address: \_\_\_\_\_

Prothonotary No.: \_\_\_\_\_

Seminar date: \_\_\_\_\_

Payment:  Certified Check  Money Order  Cash  Waived

Beaver County Courthouse  
810 Third Street  
Beaver, Pennsylvania 15009  
724-774-8870  
724-728-6444 (fax)

Court of Common Pleas



County of  
Beaver  
Juvenile Services Division

Colleen Tittiger  
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July 26, 2022	August 23, 2022
September 27, 2022	October 25, 2022
November 29, 2022	December 13, 2022

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No./Email address: \_\_\_\_\_

Prothonotary No.: \_\_\_\_\_

Seminar date: \_\_\_\_\_

Payment:  Certified Check  Money Order  Cash  Waived



## Pa.R.C.P. No. 1930.4

### Rule 1930.4. Service of Original Process in Domestic Relations Matters

**(a) Persons Who May Serve.** Original process in all domestic relations matters, including Protection of Victims of Sexual Violence or Intimidation matters, may be served by the sheriff or a competent adult:

- (1) by handing a copy to the defendant;
- (2) by handing a copy:
  - (i) at the residence of the defendant to an adult member of the family with whom the defendant resides; but if no adult member of the family is found, then to an adult person in charge of such residence;
  - (ii) at the residence of the defendant to the clerk or manager of the hotel, inn, apartment house, boarding house or other place of lodging at which the defendant resides;
  - (iii) at any office or usual place of business of the defendant to the defendant's agent or to the person for the time being in charge; or
- (3) pursuant to special order of court.

**(c) Service by Mail.**

(1) Except in Protection from Abuse and Protection of Victims of Sexual Violence or Intimidation matters, original process in all domestic relations matters may be served by mailing the original process, a notice or order to appear, if required, and other orders or documents, as necessary, to the defendant's last known address by both regular and certified mail.

- (i) Delivery of the certified mail shall be restricted to the addressee only and a return receipt shall be requested.
- (ii) If the certified mail is refused by the defendant, but the regular mail is not returned within 15 days, service may be deemed complete.
- (iii) If the mail is returned with notation by the postal authorities that it was unclaimed, service shall be made by another means pursuant to these rules.

**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](http://www.pacourts.us/public-records)

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Docket/Case No.

Vs.

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Court

This form is associated with the pleading titled \_\_\_\_\_, dated \_\_\_\_\_.

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

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL  
INFORMATION  
FORM**



Additional page(s) attached. \_\_\_\_\_ total pages are attached to this filing.

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

\_\_\_\_\_  
Signature of Attorney or Unrepresented Party

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Attorney Number: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.**

**CONFIDENTIAL  
INFORMATION  
FORM**



*Additional page (if  
necessary)*

<b>This Information Pertains to:</b>	<b>Confidential Information:</b>	<b>References in Filing:</b>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
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**CONFIDENTIAL  
INFORMATION  
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