

PETITION FOR CIVIL CONTEMPT FOR CUSTODY (Beaver County)

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. You **must** attach your current Custody Order.
2. If you have not completed the required Educational Seminar, you *may* not be able to take action on your case until doing so. Please verify that a copy of your certificate of completion is on file in the Prothonotary's Office if you have completed the class.
3. When filling out the forms parties must be identified as Plaintiff or Defendant as they are listed on the original custody Complaint, regardless of who is filing the Petition.
4. Photocopy all of the forms (*except the Proof of Service and Acceptance of Service*).
5. **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).
6. IN ADDITION TO THE CONTEMPT PETITION, YOU MAY ALSO FILE A MODIFICATION PETITION.
7. Notice to incarcerated parent- If the other parent is presently **incarcerated**, ask library staff for this form and include it with the Petition.
8. Your forms **must** be in **numerical order** when you go to court.
9. If you are representing yourself, you must file an Entry of Appearance as a Self-Represented Party form.

In Court:

10. 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.
11. A law clerk will review your paperwork for proper completion.
12. 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.

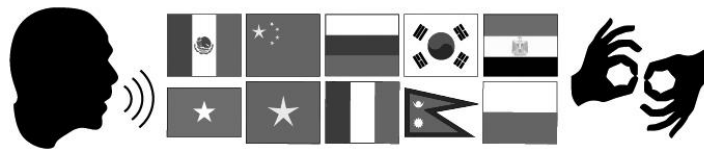
After you leave the Courtroom:

13. **File** the papers in the Prothonotary's Office (1st floor). There will be a filing fee.
14. **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. 440, which is attached.
15. **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.**
16. 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.

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

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>

**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 Motion / Petitions on (date) _____ at 8:45 a.m, Courtroom No. 4, Beaver County Courthouse, Beaver, PA. If you wish to oppose the requested relief or action, you should appear at that time and present your objections to the court.

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

Plaintiff/ Defendant

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
P E N N S Y L V A N I A

CIVIL DIVISION

_____	:	No. _____
Plaintiff,	:	Civil Action – Law
	:	
vs.	:	Type of Pleading:
	:	Petition for Civil Contempt
	:	
	:	
_____	:	Filed on behalf of:
Defendant.	:	
	:	_____
	:	(Your Name)
	:	
	:	Filing Party's Information:(Your Name)
	:	Name: _____
	:	Address: _____
	:	_____
	:	_____
	:	Telephone #: _____

**IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
P E N N S Y L V A N I A**

_____,
Plaintiff,
v. _____,
Defendant.

: _____
:
: No.: _____
:
:

PETITION FOR CIVIL CONTEMPT FOR DISOBEDIENCE OF CUSTODY ORDER

The Petition of (name) _____ respectfully represents:

1. That on _____ Judge _____ entered a Custody Order awarding
Plaintiff / Defendant (check those that apply)
- shared legal custody sole legal custody
 - partial physical custody primary physical custody
 - shared physical custody sole physical custody
 - supervised physical custody

of the minor children: _____ (*initials of child(ren)*)

ONLY). A true and correct copy of the Order is attached to this Petition.

2. *Plaintiff / Defendant* has willfully failed to abide by the Order because:
- _____

3. *Plaintiff / Defendant* has attached the Criminal Record / Abuse History Verification form required pursuant to Pa.R.C.P. 1915.3-2

WHEREFORE, *Plaintiff / Defendant* requests that *Plaintiff / Defendant* be held in contempt of Court.

Plaintiff / Defendant

I AM OVER THE AGE OF 18: YES NO (*circle one*)

VERIFICATION

I, _____, verify that the statements made in this Petition for Civil Contempt 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.

Plaintiff/ Defendant

Date: _____

INSERT
CURRENT
CUSTODY
ORDER
HERE

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.

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:

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
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:

2. 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:

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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"/>		
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7	<input type="checkbox"/> False Imprisonment (18 Pa.C.S. §2903);	<input type="checkbox"/>	<input type="checkbox"/>		
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9	<input type="checkbox"/> Rape (18 Pa.C.S. §3121);	<input type="checkbox"/>	<input type="checkbox"/>		

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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	
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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.

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:

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

PLAINTIFF/ DEFENDANT

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 plaintiff/defendant.

DATE

PLAINITFF/DEFENDANT OR AUTHORIZED AGENT

MAILING ADDRESS

Note: If Plaintiff/Defendant accepts service personally, the second sentence should be deleted.

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY,
PENNSYLVANIA

Plaintiff
vs. No. _____

Defendant

NOTICE AND ORDER TO APPEAR

Legal proceedings have been brought against you alleging you have willfully disobeyed an order of court for custody.

If you wish to defend against the claim set forth in the following pages, you may but are not required to file in writing with the court your defenses or objections.

Whether or not you file in writing with the court your defenses or objections, you must appear in person at _____,
Beaver, PA 15009 on (date) _____ at (time) _____ .
(date & time assigned by the court)

IF YOU DO NOT APPEAR IN PERSON, THE COURT MAY ISSUE A WARRANT FOR YOUR ARREST.

If the court finds that you have willfully failed to comply with its order, you may be found to be in contempt of court and committed to jail, fined or both or be subject to additional sanctions including loss of custody time, attorney’s fees, and/or costs.

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 TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

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

BY THE COURT

JUDGE
(signed by the Court)

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

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)

Pa.R.C.P. No. 440

Rule 440. Service of Legal Papers other than Original Process

(a)(1) Copies of all legal papers other than original process filed in an action or served upon any party to an action shall be served upon every other party to the action. Service shall be made:

(i) by handing or mailing a copy to or leaving a copy for each party at the address of the party's attorney of record endorsed on an appearance or prior pleading of the party, or at such other address as a party may agree, or

(ii) by transmitting a copy by facsimile to the party's attorney of record as provided by subdivision (d).

(2)(i) If there is no attorney of record, service shall be made by handing a copy to the party or by mailing a copy to or leaving a copy for the party at the address endorsed on an appearance or prior pleading or the residence or place of business of the party, or by transmitting a copy by facsimile as provided by subdivision (d).

(ii) If such service cannot be made, service shall be made by leaving a copy at or mailing a copy to the last known address of the party to be served.

(b) Service by mail of legal papers other than original process is complete upon mailing.

(c) If service of legal papers other than original process is to be made by the sheriff, he shall notify by ordinary mail the party requesting service to be made that service has or has not been made upon a named party or person.

(d)(1) A copy may be served by facsimile transmission if the parties agree thereto or if a telephone number for facsimile transmission is included on an appearance or prior legal paper filed with the court.

(2) The copy served shall begin with a facsimile cover sheet containing (i) the name, firm, address, telephone number, of both the party making service and the party served, (ii) the facsimile telephone number of the party making service and the facsimile telephone number to which the copy was transmitted, (iii) the title of the legal paper served and (iv) the number of pages transmitted.

(3) Service is complete when transmission is confirmed as complete.

**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

(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
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*Additional page (if
necessary)*

This Information Pertains to:	Confidential Information:	References in Filing:
<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>
<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>