

INSTRUCTION AND FORMS FOR CUSTODY AND VISITATION ACTIONS

This packet will help you proceed on your own and get an Order concerning custody or visitation. The instructions apply to proceedings only in Wyoming and Sullivan Counties. For further instructions, read the Rules of Civil Procedure applicable to custody cases.

Before you begin, **read completely** each set of instructions.

A. COSTS

There are court costs which you will be required to pay, unless you ask for and are granted in forma pauperis status.

The first cost is the fee for filing the custody complaint with the court. The filing fee is **\$138.75**.

There is also a fee for sending a copy of the complaint, certified mail, to the other parent. You are responsible for these costs.

There may be a fee for making copies of the complaint. You may be responsible for these copies.

There is also a cost of enrolling in the mandatory education program ("Kid's First" or "Children Cope with Divorce"). The cost is **\$50.00**.

You should consider these fees before you go further.

B. COMPLETE THE FORMS: **COMPLAINT FOR CUSTODY – AFFIDAVIT TO FILE FREE OF COST.**

To get an Order concerning custody or visitation, you must complete forms in this packet.

The first form is a **Complaint for Custody** ("Complaint"). It gives the Court all the facts it needs to state the action.

The second form is the enrollment for the mandatory education program.

The third form is an **Application to Proceed In Forma Pauperis and Affidavit** ("Application"). "In Forma Pauperis" is your request to allow the Court, based upon income guidelines, to let you file free of cost. If the Court approves your Application, all court costs and fees are waived. **IF THE COURT DENIES YOUR APPLICATION, YOU WILL BE REQUIRED TO PAY THE FILING FEE.**

The fourth form is a **Criminal Record/Abuse History Verification** (“Verification”). Complete one form for each adult (including yourself) living with you and attached the Verification to your Complaint for Custody. “Adult” refers to anyone eighteen (18) years of age and older.

Complete these forms entirely. Do not leave any blank spaces.
Some suggestions:

- (a) You are the Plaintiff. The other parent is the Defendant.
- (b) You must fill in the name of the Plaintiff and Defendant, and the County where the Court is located. The Complaint should be filed in the County where the children live.
- (c) The Complaint and Affidavit are in the forms required by the courts. Some questions and facts are repeated. Nonetheless, all information must be given and all questions must be answered.
- (d) If you do not know the answer, mark “unknown”.
- (e) On some questions, you are given two possible answers in parenthesis. Cross out the one that is wrong. Write in the correct answer.
- (f) You must give approximate dates and addresses of the past residences of the children.
- (g) The forms must be printed in ink or typewritten.

C. FILING AND SERVICE – Once the papers are completely and properly filled out, they must be filed and served. **READ THE FOLLOWING INSTRUCTIONS COMPLETELY.**

1. FILING

- (a) The Office of the Prothonotary, or Court Clerk, is on the first floor of the Courthouses in both Wyoming and Sullivan Counties.
- (b) The original and one copy of the Complaint for Custody must be filed in the Prothonotary’s Office. The copy will be sent to the Court Administrator by the Prothonotary.
- (c) You should also file an original and one copy of the Affidavit.
- (d) To file, you need to hand the Clerk the papers. The will do the rest.
- (e) You should keep two copies of the complaint – one to serve on the other party and one for yourself.

2. FILING FEE

- (a) You can pay the filing fee at the time you file.
- (b) If you cannot pay the filing fee, the Clerk will send your application to file free of cost to the Judge. The Judge will review your affidavit and based upon income guidelines will decide your request. It may take a week.
- (c) **You must give the Clerk a telephone number.** The Clerk will contact you when the Judge decides if you are to be granted in forma pauperis status.

- (d) If the Judge denies your request, you will have ten (10) days to pay the filing fee. **If you do not pay, the case will be dismissed.**

3. SERVICE OF THE COMPLAINT

- (a) You must give the other party (parent) legal notice that you have filed for custody. This type of notice is known as “service”.
- (b) Service of all Orders and the Complaint is your responsibility. To do so, you must send the Orders and Complaint by certified mail, and return receipt requested, to be signed by the ADDRESSEE ONLY. The addressee must be the Defendant. The Post Office can help you send certified mail.
- (c) Service must be made within thirty (30) days from the date the Complaint is filed in the Prothonotary’s Office.

4. PROOF OF SERVICE

- (a) Service is complete once you have received back the green card showing the Defendant has received the Complaint.
- (b) After service is made, complete form #5 – Certificate of Service.
- (c) The completed Certificate of Service form must be filed with the Prothonotary. The sender’s receipt and green card should be stapled to the Certificate of Service.

D. CONFERENCE AND ORDER

- (a) You will be notified by mail of the date, time and place of the conference with the court.
- (b) You must attend the conference.
- (c) The child(ren) should not be brought to the conference.
- (d) The other party (parent) will be notified of the conference. He/She may attend and ask the court for either custody or visitation.
- (e) The court will attempt to work out a custody arrangement with both parents.
- (f) This is not a hearing. You should not bring witnesses. The court will only talk to the parents or a lawyer representing a parent.

IN THE COURT OF COMMON PLEAS OF THE 44TH JUDICIAL DISTRICT
SULLIVAN COUNTY BRANCH – CIVIL ACTION – LAW

_____, : NO. _____
Plaintiff
VS. :
_____, :
Defendant

COMPLAINT FOR CUSTODY

1. Plaintiff is _____, residing at _____
(Name) (Street)

(City) (Zip) (County)
Phone Number _____

2. Defendant is _____, residing at _____
(Name) (Street)

(City) (Zip) (County)
Phone Number _____

3. Plaintiff seeks _____ of the following child(ren).
(custody) (partial custody/visitation)

CHILDREN'S INITIALS ONLY	PRESENT RESIDENCE	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. The child(ren) _____ born out of wedlock.
(was) (was not)

5. The child(ren) is presently in the custody of _____
 (Name)
 who resides at _____
 (Street) (City) (Zip) (County)

6. During the past five years, the child(ren) have resided with the following persons and at the following address:

Dates (Most recent first)	All addresses where child lived	Parent/person residing with child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Mother of the child(ren) is _____
 (name)
 currently residing at _____
 (Street) (City) (Zip) (County)
 She is _____
 (married) (divorced) (single)

8. Father of the child(ren) is _____
 currently residing at _____
 (Street) (City) (Zip) (County)
 He is _____
 (married) (divorced) (single)

9. The relationship of Plaintiff to the child(ren) is that of _____
 (mother) (father)

The Plaintiff currently resides with the following persons:

(Name)	(Relationship)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. The relationship of Defendant to the child(ren) is that of _____.
(mother) (father)

11. The Defendant currently resides with the following persons:

(Name)	(Relationship)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

13. Plaintiff _____ information of a custody proceeding
(has) (has not)
concerning the child(ren) pending in a court of this Commonwealth. The court, term and
number, and its relationship to this action is:

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

15. The best interest and permanent welfare of the child(ren) will be served by
granting the relief requested because **(explain why you should be given custody or
visitation):**

16. 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 or visitation of the child(ren) will be given notice of the pendency of this action
and the right to intervene:

Name	Address	Basis of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHEREFORE, Plaintiff requests the Court to grant

_____ of the child(ren).
(CUSTODY) (PARTIAL CUSTODY/VISITATION)

17. Plaintiff's current employment or source of income:

_____.

18. Defendant's current employment or source of income:

_____.

19. Criminal Record/Abuse History Verification for Plaintiff and all adults living in Plaintiff's household are attached as exhibit "A".

20. Defendant is hereby notified to provide the Court with a Criminal Record/Abuse History Verification for all adults residing with Defendant.

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.

DATE: _____

Signature of Plaintiff pro-se

IN THE COURT OF COMMON PLEAS OF THE 44TH JUDICIAL DISTRICT
SULLIVAN COUNTY BRANCH – CIVIL ACTION – LAW

_____, : NO. _____
Plaintiff
VS. :
_____, :
Defendant

**AFFIDAVIT FOR LEAVE TO
PROCEED IN FORMA PAUPERIS**

1. I am the (Plaintiff) (Defendant) in the above matter and because of my financial condition am unable to pay the fees and costs of the action or proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.
3. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

a. NAME: _____
ADDRESS: _____
PHONE NUMBER: _____

b. EMPLOYMENT: If you are presently employed, state
Employer: _____
Address: _____
Yearly or Monthly Gross Salary (**ONLY**)(please specify): _____

(No hourly amounts (example \$8.00 per hour) or your application will be automatically denied)

Type of work: _____

bb. Yearly Gross Income of any other individuals who currently reside with you and their relationship to you:

If you are presently unemployed, state

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

c. Other income within the past twelve months: _____
Business or profession: _____
Other self-employment: _____
Interest: _____
Dividends: _____
Pension and annuities: _____
Social security benefits: _____
Support payments: _____
Disability payments: _____
Unemployment compensation and supplemental
benefits: _____
Workman's compensation: _____
Public assistance: _____
Other: _____

d. Other contributions to household support
(Wife) (Husband) Name: _____
If your (wife) (husband) is employed, state
Employer: _____
Salary or wages per month: _____
Type of work: _____
Contributions from children: _____
Contributions from parents: _____
Other contributions: _____

e. Property owned
Cash: _____
Checking Account – balance only: _____
Savings Account – balance only: _____
Certificate of deposit – balance only: _____
Real estate (including home) : _____
Motor vehicle: Make _____, Year _____, Cost _____,
Amount owed \$ _____
Stocks: _____ Bonds: _____
Other: _____

f. Debts and obligations
Mortgage: _____
Rent: _____
Loans: _____
Other: _____

g. Persons dependent upon you for support
(Wife) (Husband) Name: _____

Children – initials only, if any:

_____ Age: ___ Reside: full or part time
_____ Age: ___ Reside: full or part time
_____ Age: ___ Reside: full or part time
_____ Age: ___ Reside: full or part time
_____ Age: ___ Reside: full or part time
_____ Age: ___ Reside: full or part time

(Please specify if each child resides with you on a full time or part time basis)

Other persons:

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

- 4. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances which would permit me to pay the costs incurred herein.
- 5. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Signature Proceeding pro se
(If not signed your application will be denied)

IN THE COURT OF COMMON PLEAS OF THE 44TH JUDICIAL DISTRICT
SULLIVAN COUNTY BRANCH – CIVIL ACTION – LAW

_____, : NO. _____
Plaintiff :
VS. :
_____, :
Defendant :

APPLICATION TO PROCEED IN FORMA PAUPERIS

Kindly allow _____ in the above-captioned
matter to proceed in Forma Pauperis based upon the attached affidavit.

I believe I am unable to pay the costs involved in this case.

Signature Proceeding pro se
(If not signed, your application will be denied)

ORDER

AND NOW, this _____ day of _____,
_____, upon consideration of the attached application to proceed in Forma Pauperis and the
income affidavit, the same is **GRANTED/DENIED.**

By the Court,

RUSSELL D. SHURTLEFF, President Judge

REGISTRATION FORM

PLEASE ENROLL ME IN THE DIVORCE AND/OR CHILD CUSTODY
EDUCATION PROGRAM.

_____ ATTACHED IS MY PAYMENT OF FIFTY (\$50.00) DOLLARS

_____ I HAVE BEEN GRANTED IN FORMA PAUPERIS STATUS

DATE: _____
NAME _____

ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

IN THE COURT OF COMMON PLEAS OF THE 44TH JUDICIAL DISTRICT
SULLIVAN COUNTY BRANCH – CIVIL ACTION – LAW

Plaintiff : NO. _____
VS. :

Defendant :

CERTIFICATE OF SERVICE

I, _____, Plaintiff, certify that on the
____ day of _____, _____, a true and correct copy of the Complaint
for Custody was mailed by certified mail to the Defendant,

_____, at Defendant's current residence of
_____.

Defendant received the Complaint on the _____ day of _____,
_____. Sender's receipt and return card are attached hereto.

Signature of Plaintiff

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

Plaintiff	:	
	:	
vs.	:	AD _____
	:	
Defendant	:	

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

I, _____, hereby swear or affirm, subject to penalties of law including Pa.C.S. § 4909 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:

<i>Check all that apply</i>	<i>Crime</i>	<i>Self</i>	<i>Other household member</i>	<i>Date of conviction, guilty plea, no contest plea or pending charges</i>	<i>Sentence</i>
<input type="checkbox"/>	18 Pa. C.S. Ch. 25 (relating to criminal homicide).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2702 (relating to aggravated assault).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2706 (relating to terroristic threats).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2709.1 (relating to stalking).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2901 (relating to kidnapping).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa. C.S. § 2902 (relating to unlawful restraint).	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- | | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa. C.S. § 2903 (relating to false imprisonment). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 2910 (relating to luring a child into a motor vehicle or structure). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3121 (relating to rape). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3122.1 (relating to statutory sexual assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3123 (relating to involuntary deviate sexual intercourse). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3124.1 (relating to sexual assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3125 (relating to aggravated indecent assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3126 (relating to indecent assault). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3127 (relating to indecent exposure). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3129 (relating to sexual intercourse with an animal). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3130 (relating to conduct relating to sex offenders). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 3301 (relating to arson and related offenses). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 4302 (relating to incest). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

- | | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa. C.S. § 4303 (relating to concealing the death of a child). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 4304 (relating to endangering the welfare of children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 4305 (relating to dealing in infant children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 5902 (b) (relating to prostitution and related offenses). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 5903 (c) or (d) (relating to obscene and other sexual materials and performances). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6301 (relating to corruption of minors). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6312 (relating to sexual abuse of children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6318 (relating to unlawful contact with minor). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa. C.S. § 6320 (relating to sexual exploitation of children). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 23 Pa. C.S. § 6114 (relating to contempt for violation of order or agreement). | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Driving under the influence of drugs or alcohol. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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 including the following:

<i>Check all that apply</i>		<i>Self</i>	<i>Other household member</i>	<i>Date</i>
<input type="checkbox"/>	A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	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. § 4909 relating to unsworn falsification to authorities.

 Signature

 Printed Name