



WASHINGTON COUNTY COURT OF COMMON PLEAS PRO SE CUSTODY PACKET

NOTICE

ALL PARTIES INVOLVED IN LITIGATION ARE STRONGLY ENCOURAGED TO SEEK PROFESSIONAL LEGAL ADVICE FROM AN ATTORNEY. Court staff cannot offer any legal advice. The information in this packet is not a substitute for professional legal advice. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents.

If you want to hire an attorney and do not know one, you should call the Bar Association's Lawyer Referral Service (LRS) at 724-225-6710 to schedule a half-hour consultation with a licensed, insured attorney who has experience in the area of law related to your legal matter. The initial half-hour consultation with the attorney is \$50.00 to be paid in advance to the Bar Association; any fees beyond the first half-hour should be discussed and agreed upon by you and the lawyer.

If you meet certain income and other qualifications, you may be able to secure an attorney through Southwestern PA Legal Services at 724-225-6170. Ask if you are eligible for the Bar Association/Bar Foundation "Limited Representation Custody Program," and, if so, you may be referred to an attorney who will represent you at no cost at the initial custody meeting.

If you have questions about domestic violence or believe that you may be the victim of domestic violence, we strongly recommend that you contact the *Washington County Domestic Violence Services* at 724-223-8349.

If you suspect child abuse, please contact *CHILDLINE* at 1-800-932-0313. You can report suspected child abuse 24 hours per day and remain anonymous.

CUSTODY COMPLAINT & ORDER

This is the initial form that is to be filed for all new custody cases.

If you are filing for special relief and there is no existing custody order, you need to file a custody complaint prior to scheduling a date for motions court to present a petition for special relief.

If you are filing a consent agreement and there is no existing custody order, you need to file a custody complaint at the same time and follow the instructions for presenting the consent agreement in motions court.

**Take the original Complaint for Custody along with two (2) copies to the Court Administrator's Office – Civil Division, Washington County Courthouse, 1 South Main Street, Suite G006, Washington, PA 15301
The hours are 9:00 a.m. - 4:30 p.m.**

The filing fee is \$325.25

This amount must be in cash or a money order.

No personal checks will be accepted.

**YOU MUST FURNISH ALL COPIES.
THEY WILL NOT BE MADE FOR YOU.**

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA
CIVIL DIVISION

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

ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY
PURSUANT TO Pa.R.C.P. No. 1930.8

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

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

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

____ Withdraw my appearance for the filing party.

_____, Esq. (Please print) PA ID # _____

Date: _____

Attorney's Signature

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

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

Date: _____

Signature of Plaintiff or Defendant

Print Name

Address

City, State, Zip Code

Fax Number Telephone Number

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

Revised October 1, 2019

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA
CIVIL DIVISION

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

NOTICE AND ORDER TO APPEAR

You, _____, defendant, 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): _____

You are ORDERED to appear in person at the Family Court Center, 29 West Cherry Avenue, Washington, Pennsylvania, 15301, on the ____ day of _____, 20____, at _____ o'clock ____M., for a Pre-Custody Conciliation Meeting with _____, Esquire, Child Custody Conference Officer.

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.

Pursuant to Local Rule 1915.4, all parties to the action are ordered to attend the mandatory parenting program prior to the Pre-Custody Conciliation Meeting. Failure of a party to attend the parenting program will result in sanctions against the party up to and including being prohibited from proffering evidence in the Meeting or Conference, or being held in contempt by the Court.

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 thirty (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 OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICES SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

IF YOU CANNOT AFFORD AN ATTORNEY:

SOUTHWESTERN PA LEGAL SERVICES
10 WEST CHERRY AVENUE
WASHINGTON, PA 15301
724.225.6170

IF YOU CAN AFFORD AN ATTORNEY:

LAWYER REFERRAL SERVICE
119 SOUTH COLLEGE STREET
WASHINGTON, PA 15301
724.225.6710

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Washington County, Pennsylvania 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.

BY THE COURT:

DATE: _____, **J**

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL ACTION

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

COMPLAINT FOR CUSTODY

1. The plaintiff is _____(name), residing at
 _____.
 (Street) (City) (Zip Code) (County)

2. The defendant is _____(name), residing at
 _____.
 (Street) (City) (Zip Code) (County)

3. Plaintiff seeks () 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):

Name	Present Address	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

The child(ren) is presently in the custody of _____(name),
 who resides at _____.
 (Street) (City) (State) (Zip Code)

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

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

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

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

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

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

4. The relationship of plaintiff to the child(ren) is that of _____.

The plaintiff currently resides with the following persons:

<i>Name</i>	<i>Relationship</i>
_____	_____
_____	_____

5. The relationship of defendant to the child(ren) is that of _____.

The defendant currently resides with the following persons:

<i>Name</i>	<i>Relationship</i>
_____	_____
_____	_____

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. The court, term and number, and its relationship to this action is: _____.

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 custodial rights, with respect to the child. The name and address of such person is: _____.

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

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:

<i>Name</i>	<i>Address</i>	<i>Basis of Claim</i>
_____	_____	_____
_____	_____	_____

9. 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.

Plaintiff's Signature

Plaintiff's Name

(address)

(City,State,Zip)

(Telephone)

VERIFICATION

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

Plaintiff

Date:_____

IN THE COURT OF COMMON PLEAS, WASHINGTON COUNTY, PENNSYLVANIA
CIVIL DIVISION

_____,)
)
Plaintiff,)
)
vs.) No. _____
)
_____,)
)
Defendant.)

NOTICE

You are being served with original process in a domestic relations matter, and a proceeding has been, or may be scheduled, which could affect your rights. In the event a proceeding has been scheduled, you will be served with notice of the proceeding. If you are incarcerated and want to testify or present evidence, you must apply to the court for a writ of habeas corpus ad testificandum to enable you to participate in the proceeding. The writ is available where an incarcerated individual wishes to testify as provided by statute or rule, as well as where the testimony is sought by another.

IF YOU FAIL TO APPLY TO THE COURT FOR A WRIT, YOU MAY BE UNABLE TO PARTICIPATE IN ANY PROCEEDINGS WHILE INCARCERATED.

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____	}	
	}	
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 listed crime or offense, neither I nor a member of my household has been convicted, pled guilty, 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 or offenses in Pennsylvania or a substantially equivalent crime or offense in another state, including pending charges:

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
<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 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"/>	_____	_____

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Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. §2902 (relating 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 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	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

(relating to arson and related offenses)

<input type="checkbox"/>	18 Pa.C.S. §4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. §4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	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 protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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- | | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 42 Pa.C.S. §62A14
(relating to contempt for violation
of protection order
or agreement) | <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
----------------------------	-------	------	------------------------------	---	----------

- | | | | | | |
|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <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 or involvement with a Children & Youth Agency including the following:

- | Check all
that apply | | Self | A household
member | Child |
|--------------------------|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | A finding of abuse by a Children & Youth
Or similar agency in Pennsylvania or similar agency
in another state. Where? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Abusive conduct as defined under
the Protection from Abuse Act in Pennsylvania
or similar statute in another jurisdiction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Involvement with Children & Youth or similar
Agency in Pennsylvania or another jurisdiction.
Where? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse: _____

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child. _____

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

I verify that the 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

Date: _____

Printed Name

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA
CIVIL DIVISION

Plaintiff,

_____,
Defendant,

)
)
)
)
)
)
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)
)
)
)

No.

CERTIFICATE OF COMPLIANCE

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.

Date: _____ Signature: _____