

## **PETITION FOR EMERGENCY RELIEF - CUSTODY**

### **INSTRUCTION SHEET**

**These instructions are meant to give you general information and not legal advice.**

### **Emergency Custody Petitions pursuant to the March 23, 2020 Order of the Administrative Governing Board of the First Judicial District (No. 18 of 2020) shall be filed as follows:**

- (1) An Emergency Custody Petition, setting forth all relevant information, shall be completed by Petitioner and verified. One of the following shall also be submitted with the Emergency Petition:
  - a. A Complaint for Custody, if a Custody Complaint has not been filed; or
  - b. A Petition to Modify Custody, if a custody order has been issued and the Emergency Petition seeks to modify the custody order; or
  - c. A Petition for Contempt of Custody if the Emergency Petition alleges that the current custody has not been complied with;
- 2) Every Emergency Custody Petition must be accompanied by the following:
  - a. A fully completed Domestic Relations Information Sheet; and
  - b. A Criminal Record/Abuse History Verification
- 3) The Emergency Petition must be forwarded to Family Court by email to the following email address: [custodyemergency@courts.phila.gov](mailto:custodyemergency@courts.phila.gov).
- 4) The Petitioner must provide a telephone number at which they can be reached by court staff.
- 5) The Emergency Custody Petition will be reviewed by the designated Judge.
- 6) Custody emergencies warranting immediate Court intervention will be narrowly construed during this period.
- 7) After review, the Petitioner will be notified by reply email and/or telephone whether the Petition is appropriate for filing in accordance with the General Statewide Judicial Emergency Orders.
- 8) If acceptable for filing, the Petitioner will be provided with instructions regarding filing and service.

**IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

PLAINTIFF	:	
vs.	:	FAMILY COURT DIVISION
DEFENDANT	:	CIVIL ACTION
	:	D.R. NO.
	:	

**PETITION FOR EMERGENCY RELIEF - CUSTODY**

1. Petitioner (name) \_\_\_\_\_ Phone # \_\_\_\_\_  
is **plaintiff or defendant** (circle one) in the custody complaint,  
and resides at (street, city, state, zip) \_\_\_\_\_  
\_\_\_\_\_

2. Respondent (name) \_\_\_\_\_  
is **plaintiff or defendant** (circle one) in the custody complaint,  
and resides at (street, city, state, zip) \_\_\_\_\_  
\_\_\_\_\_

3. Petitioner's relationship to the following minor child(ren) is \_\_\_\_\_  
  
LIST FULL NAME(S) AND DATES OF BIRTH(S) OF CHILD(REN).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Respondent's relationship to the child(ren) is \_\_\_\_\_

5. CIRCLE ONE:  
  
A. No custody order exists concerning these children.  
B. A custody order was entered on \_\_\_\_\_ (date) that states the  
following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. CIRCLE ONE:

A. A complaint/petition is being filed with this petition.

B. A complaint/petition was filed on \_\_\_\_\_ (date) and a hearing has been scheduled on \_\_\_\_\_(date).

7. Petitioner believes that a situation exists that requires an emergency hearing because:

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, petitioner respectfully requests that this honorable court grant the following relief

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

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

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

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

## PROVISIONS OF LAW THAT MAY HELP YOU FILL OUT THE COMPLAINT FOR CUSTODY

### § 5322. Definitions

The following words and phrases when used in this subchapter shall have the meaning given to them in this section unless the context clearly indicates otherwise.

Child - An unemancipated individual under 18 years of age.

Physical custody - The actual physical possession and control of a child.

Sole physical custody - The right of one individual to exclusive physical custody of the child.

Primary physical custody - The right to assume physical custody of the child for the majority of time.

Shared physical custody - The right of more than one individual to assume physical custody of the child, each having significant periods of physical custodial time with the child.

Partial physical custody - The right to assume physical custody of the child for less than a majority of the time.

Supervised physical custody - Custodial time during which an agency or an adult designated by the court or agreed upon by the parties monitors the interaction between the child and the individual with those rights.

Legal custody - The right to make major decisions on behalf of the child, including, but not limited to, medical, religious and educational decisions.

Sole legal custody - The right of one individual to exclusive legal custody of the child.

Shared legal custody - The right of more than one individual to legal custody of the child.

Note: Pennsylvania's custody law does not use the word visitation. Partial physical custody, shared physical custody and supervised physical custody may be what you understand visitation to be.

### § 5324. Standing for any form of physical custody or legal custody.

The following individuals may file an action under this chapter for any form of physical custody or legal custody:

- (1) A parent of the child.
- (2) A person who stands in loco parentis to the child. [*in loco parentis* means acting in the

place of a parent]

- (3) A grandparent of the child who is not in loco parentis to the child:
  - (i) whose relationship with the child began either with the consent of a parent of the child or under a court order;
  - (ii) who assumes or is willing to assume responsibility for the child; and
  - (iii) when one of the following conditions is met:
    - (A) the child has been determined to be a dependent child under 42 Pa.C.S. Ch. 63 (relating to juvenile matters);
    - (B) the child is substantially at risk due to parental abuse, neglect, drug or alcohol abuse or incapacity; or
    - (C) the child has for a period of at least 12 consecutive months resided with the grandparent, excluding brief temporary absences of the child from the home, and is removed from the home by the parents, in which case the action must be filed within six months after the removal of the child from the home.

§ 5325. Standing for partial physical custody and supervised physical custody.

In addition to situations set forth in section 5324 (relating to standing for any form of physical custody or legal custody), grandparents and great-grandparents may file an action under this chapter for partial physical custody or supervised physical custody in the following situations:

- (1) where the parent of the child is deceased, a parent or grandparent of the deceased parent may file an action under this section;
- (2) where the parents of the child have been separated for a period of at least six months or have commenced and continued a proceeding to dissolve their marriage; or
- (3) when the child has, for a period of at least 12 consecutive months, resided with the grandparent or great-grandparent, excluding brief temporary absences of the child from the home, and is removed from the home by the parents, an action must be filed within six months after the removal of the child from the home.

§ 5328. Factors to consider when awarding custody.

(a) Factors.--In ordering any form of custody, the court shall determine the best interest of the child by considering all relevant factors, giving weighted consideration to those factors which affect the safety of the child, including the following:

- (1) Which party is more likely to encourage and permit frequent and continuing contact between the child and another party.
- (2) The present and past abuse committed by a party or member of the party's household, whether there is a continued risk of harm to the child or an abused party and which party

can better provide adequate physical safeguards and supervision of the child.

- (3) The parental duties performed by each party on behalf of the child.
- (4) The need for stability and continuity in the child's education, family life and community life.
- (5) The availability of extended family.
- (6) The child's sibling relationships.
- (7) The well-reasoned preference of the child, based on the child's maturity and judgment.
- (8) The attempts of a parent to turn the child against the other parent, except in cases of domestic violence where reasonable safety measures are necessary to protect the child from harm.
- (9) Which party is more likely to maintain a loving, stable, consistent and nurturing relationship with the child adequate for the child's emotional needs.
- (10) Which party is more likely to attend to the daily physical, emotional, developmental, educational and special needs of the child.
- (11) The proximity of the residences of the parties.
- (12) Each party's availability to care for the child or ability to make appropriate child-care arrangements.
- (13) The level of conflict between the parties and the willingness and ability of the parties to cooperate with one another. A party's effort to protect a child from abuse by another party is not evidence of unwillingness or inability to cooperate with that party.
- (14) The history of drug or alcohol abuse of a party or member of a party's household.
- (15) The mental and physical condition of a party or member of a party's household.
- (16) Any other relevant factor.

The custody statute also lists specific criminal convictions and criminal charges for consideration in a custody decision and procedures to be followed for such consideration.

See § 5329. Consideration of criminal conviction, available on the internet at <http://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/23/00.053.029.000..HTM>

See § 5330. Consideration of criminal charge, available on the internet at <http://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/23/00.053.030.000..HTM>



LINE 6.

Circle if you have participated in any other litigation concerning the children in this or any other court. Provide details if you know of any such action(s). If not, skip this line.

Circle if you know if there has been a custody action in another court. Provide details if you know of any such action(s). If not, skip this line.

Circle whether you know any person(s) not a party to this complaint who has physical custody or claims to have custody rights with respect to the children. If you know any such persons, provide names and addresses. If not, skip this line.

LINE 7.

Fill in the reason you are filing this complaint.

LINE 8.

Provide the names, addresses, and relationships of any other people you know to have custody rights or claim a right to custody of the children.

LINE 9(a).

If you are a grandparent who does not stand in loco parentis to the children, provide facts to establish that you have standing to obtain the custody you are requesting.

LINE 9(b).

If you are a grandparent or great-grandparent, provide facts to establish that you have standing to obtain partial physical custody or supervised physical custody of the children.

LINE 9(c).

If you stand in loco parentis to the child, provide facts to establish in loco parentis standing.

LINE 10.

Attach the Criminal Record/Abuse History Verification Form.

SIGN AND DATE THE COMPLAINT.

DATE AND SIGN THE VERIFICATION THAT THE STATEMENTS ARE TRUE.

**IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

_____	:	
PLAINTIFF	:	FAMILY COURT DIVISION
vs.	:	CIVIL ACTION
_____	:	
DEFENDANT	:	Docket No.
	:	

**COMPLAINT FOR CUSTODY**

1. The plaintiff is \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_

2. The defendant is \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_

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 (was)(was not) born out of wedlock.

The child is presently in the custody of \_\_\_\_\_, who resides at \_\_\_\_\_

\_\_\_\_\_

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

(List All Persons)

(List All Addresses)

(Dates)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

4. The relationship of plaintiff to the child is that of \_\_\_\_\_

The plaintiff currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____

5. The relationship of defendant to the child is that of \_\_\_\_\_.

The defendant currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____

6. Plaintiff (has) (has not) participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child in this or another court. The court, term and number, and 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: \_\_\_\_\_

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):

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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:

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

9.(a) If the plaintiff is a grandparent who is not in loco parentis to the child and is seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5323, you must plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(3).

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(b) If the plaintiff is a grandparent or great-grandparent who is seeking partial physical custody or supervised physical custody pursuant to 23 Pa.C.S. § 5325, you must plead facts establishing standing pursuant to § 5325.

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(c) If the plaintiff is a person seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5324(2) as a person who stands in loco parentis to the child, you must plead facts establishing standing.

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

Wherefore, plaintiff requests the court to grant (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the child.

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(Attorney for Plaintiff) (Plaintiff)

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.

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Plaintiff

## PROVISIONS OF LAW THAT MAY HELP YOU FILL OUT THE PETITION:

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- (2) The present and past abuse committed by a party or member of the party's household, whether there is a continued risk of harm to the child or an abused party and which party can better provide adequate physical safeguards and supervision of the child.
- (3) The parental duties performed by each party on behalf of the child.
- (4) The need for stability and continuity in the child's education, family life and community life.
- (5) The availability of extended family.
- (6) The child's sibling relationships.
- (7) The well-reasoned preference of the child, based on the child's maturity and judgment.
- (8) The attempts of a parent to turn the child against the other parent, except in cases of domestic violence where reasonable safety measures are necessary to protect the child from harm.
- (9) Which party is more likely to maintain a loving, stable, consistent and nurturing relationship with the child adequate for the child's emotional needs.
- (10) Which party is more likely to attend to the daily physical, emotional, developmental, educational and special needs of the child.
- (11) The proximity of the residences of the parties.
- (12) Each party's availability to care for the child or ability to make appropriate child-care arrangements.
- (13) The level of conflict between the parties and the willingness and ability of the parties to cooperate with one another. A party's effort to protect a child from abuse by another party is not evidence of unwillingness or inability to cooperate with that party.
- (14) The history of drug or alcohol abuse of a party or member of a party's household.
- (15) The mental and physical condition of a party or member of a party's household.
- (16) Any other relevant factor.

The custody statute also lists specific criminal convictions and criminal charges for consideration in a custody decision and procedures to be followed for such consideration.

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#### **TERMS THAT ARE USED IN THE PETITION:**

PLAINTIFF	Person who filed the custody complaint
DEFENDANT	Person against whom the custody complaint was filed
PETITIONER	Person who filed the petition to modify the custody order
RESPONDENT	Person against whom the petition to modify the custody order was filed

#### **HOW TO FILL IN THE PETITION:**

##### **HEADING (CAPTION).**

Fill in the names of the plaintiff and defendant in the heading of the petition exactly as they appear in the custody complaint. The plaintiff is the person who filed the custody complaint. The defendant is the person against whom the custody action was filed. The plaintiff and defendant keep those titles throughout the case. The docket number is the number assigned your case by the Court. You can find this number in the caption of your Complaint for Custody.

##### **LINE 1**

If you are filing the petition to modify the custody order, you are the petitioner. Fill in your name and address as the petitioner.

##### **LINE 2**

The person against whom the petition is filed is the respondent. Fill in the name and address of the respondent.

##### **LINE 3**

Provide the date and terms of your last custody order and attach a copy of the order.

**LINE 4**

Fill in a brief statement describing why you want the order changed and how you want the order changed.

**LINE 5**

Attach the Criminal Record/Abuse History Verification form.

**DATE AND SIGN THE PETITION.**

**DATE AND SIGN THE VERIFICATION THAT THE STATEMENTS ARE TRUE.**

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY

_____	:	
PLAINTIFF	:	FAMILY COURT DIVISION
	:	
vs.	:	CIVIL ACTION
	:	
_____	:	
DEFENDANT	:	DOCKET NO.
	:	

**PETITION FOR MODIFICATION OF A CUSTODY ORDER**

1. Petitioner is \_\_\_\_\_ and resides at \_\_\_\_\_

\_\_\_\_\_

2. Respondent is \_\_\_\_\_ and resides at \_\_\_\_\_

\_\_\_\_\_

3. Petitioner respectfully represents that on \_\_\_\_\_, 20\_\_ an Order of Court was entered for (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody). A true and correct copy of the Order is attached.

4. This Order should be modified because:

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

WHEREFORE, Petitioner requests that the Court modify the existing Order because it will be in the best interest of the child(ren).

\_\_\_\_\_  
(Attorney for Petitioner) (Petitioner)

I verify that the statements made in this petition 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.

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Date

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Petitioner

## PROVISIONS OF LAW THAT MAY HELP YOU FILL OUT THE PETITION:

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Sole legal custody - The right of one individual to exclusive legal custody of the child.

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Note: Pennsylvania's custody law does not use the word visitation. Partial physical custody, shared physical custody and supervised physical custody may be what you understand visitation to be.

## HOW TO FILL IN THE PETITION:

### HEADING (CAPTION).

Fill in the names of the plaintiff and defendant in the heading of the petition exactly as they appear in the custody complaint. The plaintiff is the person who filed the custody complaint. The defendant is the person against whom the custody action was filed. The plaintiff and defendant keep those titles throughout the case. The Domestic Relations Number (D.R. No.) is the number assigned your case by the Court. You can find this number in the caption of your

Complaint for Custody.

LINE 1.

Indicate when the current custody order was entered, what judge entered the order, and circle what type of custody you were granted. Attach a copy of the order.

LINE 2.

Fill in a brief statement describing how respondent has violated the order.

LINE 3.

Attach the Criminal Record/Abuse History Verification

DATE AND SIGN THE PETITION.

DATE AND SIGN THE VERIFICATION THAT THE STATEMENTS ARE TRUE.

**IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY**

_____	:	
PLAINTIFF	:	FAMILY COURT DIVISION
VS.	:	CIVIL ACTION
_____	:	
DEFENDANT	:	D. R. NO.
	:	

**PETITION FOR CIVIL CONTEMPT FOR DISOBEDIENCE OF CUSTODY ORDER**

The Petition of \_\_\_\_\_, respectfully represents:

1. That on \_\_\_\_\_, Judge \_\_\_\_\_ entered an Order awarding (Petitioner) (Respondent) (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the minor child(ren)

Names of Child(ren)

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A true and correct copy of the order is attached to this petition.

2. Respondent has willfully failed to abide by the order in that

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

WHEREFORE, Petitioner requests that Respondent be held in contempt of court.

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(Attorney for Petitioner) (Petitioner)

I verify that the statements made in this petition 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

Petitioner

**DOMESTIC RELATIONS INFORMATION SHEET**

Date	Case ID No
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**INFORMATION ON PARENT #1 AND/OR SPOUSE #1**

First Name	Middle Initial	Last Name	Alias (if any)		
Mailing Address			Residential Address	Email Address	
Date of Birth		Social Security No.		DPW No.	
Height	Weight	Race	Hair	Eyes	Distinguishing Features
Place of Employment			Medical Insurance Carrier Name, Address		
Home Phone No.	Work Phone No.	Mobile No.	Policy No.	Children Covered? Yes                  No	
Occupation			Attorney' s Name and Address		
Salary \$ _____ per _____			Attorney ID No.	Attorney Phone No.	

**INFORMATION ON PARENT #2 AND/OR SPOUSE #2**

First Name	Middle Initial	Last Name	Alias (if any)		
Mailing Address			Residential Address	Email Address	
Date of Birth		Social Security No.		DPW No.	
Height	Weight	Race	Hair	Eyes	Distinguishing Features
Place of Employment			Medical Insurance Carrier Name, Address		
Home Phone No.	Work Phone No.	Mobile No.	Policy No.	Children Covered? Yes                  No	
Occupation			Attorney' s Name and Address		
Salary \$ _____ per _____			Attorney ID No.	Attorney Phone No.	

**INFORMATION IF THERE IS A CLAIM FOR SUPPORT**

Receiving Assistance? Yes    No	DPW No.	District Receiving From	Semi-monthly Grant Amount	Total No of People in Household	
Parties Ever Married? Yes    No	Marriage Date	Place	Separation Date	Divorce Date	Place
Maternal Grandmother' s Maiden Name			Maternal Grandfather' s Name		

**INFORMATION ON CARETAKER OF CHILD(REN) OTHER THAN PARENTS (IF ANY)**

First Name			Middle Initial		Last Name		Alias (if any)			
Mailing Address						Residential Address			Email Address	
Home Phone No.		Work Phone No.		Mobile No.		Date of Birth		Relationship to children		

**INFORMATION ON CHILD(REN)**

First Name						Middle Initial		Last Name				Gender		Date of Birth	
Social Security No.						Place of Birth (City, State)						Active on Cash Assistance? Yes No			
Father Listed on Birth Certificate? Yes No				Born Out of Wedlock? Yes No				Was Paternity Established? Yes No				Date of Paternity Establishment			
First Name						Middle Initial		Last Name				Gender		Date of Birth	
Social Security No.						Place of Birth (City, State)						Active on Cash Assistance? Yes No			
Father Listed on Birth Certificate? Yes No				Born Out of Wedlock? Yes No				Was Paternity Established? Yes No				Date of Paternity Establishment			
First Name						Middle Initial		Last Name				Gender		Date of Birth	
Social Security No.						Place of Birth (City, State)						Active on Cash Assistance? Yes No			
Father Listed on Birth Certificate? Yes No				Born Out of Wedlock? Yes No				Was Paternity Established? Yes No				Date of Paternity Establishment			
First Name						Middle Initial		Last Name				Sex		Date of Birth	
Social Security No.						Place of Birth (City, State)						Active on Cash Assistance? Yes No			
Father Listed on Birth Certificate? Yes No				Born Out of Wedlock? Yes No				Was Paternity Established? Yes No				Date of Paternity Establishment			

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY, PENNSYLVANIA

\_\_\_\_\_  
Plaintiff

v.

No. \_\_\_\_\_

\_\_\_\_\_  
Defendant

CUSTODY

**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:

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

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

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

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

<b>Check all that apply</b>		<b>Self</b>	<b>Other Household Member</b>	<b>Date</b>
<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"/>	_____

Check all that apply

		<u>Self</u>	<u>Other Household Member</u>	<u>Date</u>
<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"/>	Involvement with Children & Youth or similar agency in Pennsylvania or another jurisdiction. Where? _____.	<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.

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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 record/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

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

\_\_\_\_\_  
Printed Name

<b>DOMESTIC RELATIONS INFORMATION SHEET</b>					<b>Date:</b>	<b>Case ID No.</b>
<b>INFORMATION ON FATHER OF CHILDREN OR HUSBAND</b>						
<b>First Name</b>		<b>Middle Initial</b>	<b>Last Name</b>		<b>Alias (If Any)</b>	
<b>Mailing Address: City, State &amp; Zip Code</b>				<b>Residential Address (If different from mailing)</b>		
<b>Home Phone No.</b>		<b>Cell No.</b>	<b>Work Phone No.</b>		<b>E-Mail Address</b>	
<b>Date of Birth:</b>			<b>Social Security No.</b>		<b>DPW No.</b>	
<b>Height:</b>	<b>Weight:</b>	<b>Race:</b>	<b>Hair:</b>	<b>Eyes:</b>	<b>Distinguishing Features:</b>	
<b>Primary Language:</b>			<b>Interpreter Needed:</b>			
			YES / NO			
<b>Place of Employment:</b>			<b>Occupation:</b>		<b>Medical Insurance Carrier Name, Address</b>	
<b>Policy No</b>	<b>Children Covered Yes / No</b>		<b>Attorney=s Name and Address</b>			
<b>Salary \$ _____ per _____</b>			<b>Attorney ID No.</b>		<b>Attorney Phone No.</b>	
<b>INFORMATION ON MOTHER OF CHILDREN OR WIFE</b>						
<b>First Name</b>		<b>Middle Initial</b>	<b>Last Name</b>		<b>Alias (If Any)</b>	
<b>Mailing Address: City, State &amp; Zip Code</b>				<b>Residential Address (If different from mailing)</b>		
<b>Home Phone No.</b>		<b>Cell No.</b>	<b>Work Phone No.</b>		<b>E-Mail Address</b>	
<b>Date of Birth:</b>			<b>Social Security No.</b>		<b>DPW No.</b>	
<b>Height:</b>	<b>Weight:</b>	<b>Race:</b>	<b>Hair:</b>	<b>Eyes:</b>	<b>Distinguishing Features:</b>	
<b>Primary Language:</b>			<b>Interpreter Needed:</b>			
			YES / NO			
<b>Place of Employment:</b>			<b>Occupation:</b>		<b>Medical Insurance Carrier Name, Address</b>	
<b>Policy No.</b>	<b>Children Covered Yes / No</b>		<b>Attorney=s Name and Address</b>			
<b>Salary \$ _____ per _____</b>			<b>Attorney ID No.</b>		<b>Attorney Phone No.</b>	
<b>INFORMATION IF THERE IS A CLAIM FOR SUPPORT</b>						
<b>Receiving Assistance Yes / No</b>		<b>DPW No</b>	<b>District Address</b>		<b>Semi-Monthly Grant Amount \$</b>	<b>No. of People in House Hold</b>
<b>Parties Ever Married Yes / No</b>	<b>Marriage Date</b>		<b>Place</b>	<b>Separation Date</b>	<b>Divorce Date</b>	<b>Place</b>
<b>Maternal Grandmother's Maiden Name</b>				<b>Maternal Grandfather's Name</b>		

**INFORMATION ON CARETAKER OF CHILD(REN) OTHER THAN PARENTS (IF ANY)**

First Name		Middle Initial	Last Name		Alias (If Any)
Mailing Address: City, State & Zip Code				Residential Address (If different from mailing)	
Home Phone No.	Cell No.	Work Phone No.		E-Mail Address	
Date of Birth:		Social Security No.			DPW No.
Height:	Weight:	Race:	Hair:	Eyes:	Distinguishing Features:
Primary Language:		Interpreter Needed: YES / NO			
Place of Employment:		Occupation:	Medical Insurance Carrier Name, Address		
Policy No.	Children Covered Yes / No	Attorney-s Name and Address			
Salary \$ _____ per _____		Attorney ID No.	Attorney Phone No.		

**INFORMATION ON CHILD(REN)**

First Name		Middle Initial	Last Name		Sex	Date of Birth
Social Security No.		Place of Birth City/State			Active on Cash Assistance Yes / No	
Father Listed on Birth Certificate Yes / No		Born Out of Wed Lock Yes / No	Was Paternity Established Yes / No		Date of Paternity Establishment	
First Name		Middle Initial	Last Name		Sex	Date of Birth
Social Security No.		Place of Birth City/State			Active on Cash Assistance Yes / No	
Father Listed on Birth Certificate Yes / No		Born Out of Wed Lock Yes / No	Was Paternity Established Yes / No		Date of Paternity Establishment	
First Name		Middle Initial	Last Name		Sex	Date of Birth
Social Security No.		Place of Birth City/State			Active on Cash Assistance Yes / No	
Father Listed on Birth Certificate Yes / No		Born Out of Wed Lock Yes / No	Was Paternity Established Yes / No		Date of Paternity Establishment	
First Name		Middle Initial	Last Name		Sex	Date of Birth
Social Security No.		Place of Birth City/State			Active on Cash Assistance Yes / No	
Father Listed on Birth Certificate Yes / No		Born Out of Wed Lock Yes / No	Was Paternity Established Yes / No		Date of Paternity Establishment	

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY, PENNSYLVANIA

\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

:  
:  
:  
:  
:  
:

No. \_\_\_\_\_

CUSTODY

**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:

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

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

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

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<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"/>	_____	_____
<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:

<b>Check all that apply</b>		<b>Self</b>	<b>Other Household Member</b>	<b>Date</b>
<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"/>	_____

Check all that apply

		<u>Self</u>	<u>Other Household Member</u>	<u>Date</u>
<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"/>	_____
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<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.

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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 record/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

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

\_\_\_\_\_  
Printed Name