

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

\_\_\_\_\_  
PLAINTIFF

vs.

\_\_\_\_\_  
DEFENDANT

:  
: FAMILY COURT DIVISION  
:  
: PROTECTION FROM ABUSE  
:  
:  
: NO.

**RULE**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a Rule is granted upon the Defendant, \_\_\_\_\_, to show cause why the Final Protection From Abuse Order dated \_\_\_\_\_, entered by this Court, the Honorable \_\_\_\_\_ presiding, under the Protection From Abuse Act, should not be extended.

A hearing will be held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in Courtroom \_\_\_\_\_, at 1501 Arch Street, Philadelphia, Pennsylvania 19102, at \_\_\_\_\_ a.m./p.m., to determine whether the requested relief will be granted.

BY THE COURT:

\_\_\_\_\_  
J.





A. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHEREFORE, for the reasons set forth above, I request that the Court, after a hearing, enter an order to extend the Final Protection From Abuse Order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**VERIFICATION**

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.A. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

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

\_\_\_\_\_,  
PLAINTIFF :  
vs. : FAMILY COURT DIVISION  
: PROTECTION FROM ABUSE  
\_\_\_\_\_,  
DEFENDANT : NO.

**AFFIDAVIT OF SERVICE**

I, \_\_\_\_\_, the undersigned, hereby state that I served a copy of the Rule, the Order and Petition in the above-captioned action by handing the papers to \_\_\_\_\_ at the following address: \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at approximately \_\_\_\_\_ o'clock \_\_\_\_ . m.

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.A. § 4904, relating to unsworn falsification to authorities.

(Signature) \_\_\_\_\_

(Title) \_\_\_\_\_

(Address) \_\_\_\_\_

(Date) \_\_\_\_\_

THIS FORM MUST BE COMPLETED AND SIGNED BY THE PERSON WHO SERVED THE RULE, THE ORDER AND PETITION TO EXTEND PROTECTION FROM ABUSE ORDER. IT MUST BE FILED WITH THE PROTHONOTARY OR BROUGHT TO THE COURT ON THE HEARING DATE.