

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

_____	:	
PLAINTIFF	:	FAMILY COURT DIVISION
	:	
vs.	:	PROTECTION FROM ABUSE
	:	
	:	
_____	:	
DEFENDANT	:	NO.

**RULE**

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

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.

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

_____	:	
PLAINTIFF	:	FAMILY COURT DIVISION
	:	
vs.	:	PROTECTION FROM ABUSE
	:	
_____	:	
DEFENDANT	:	NO.

**ORDER**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, it is ORDERED, ADJUDGED and DECREED that the PETITION TO RECONSIDER in the above-captioned matter, is hereby granted.

BY THE COURT:

\_\_\_\_\_

J.

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

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

**PETITION TO RECONSIDER**

1. My name is \_\_\_\_\_

I am  Plaintiff  Defendant in the above-cited case.

My address is  confidential or as follows (street, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

2. The other Party is \_\_\_\_\_,

who is the  Plaintiff  Defendant in the above-cited case, and resides at (street, city, state,

zip): \_\_\_\_\_

\_\_\_\_\_

3. On \_\_\_\_\_, the parties appeared before the Honorable \_\_\_\_\_,

in an action filed under the Protection From Abuse Act, NO: \_\_\_\_\_

4. On the above date, the parties were before the Court (attached hereto as Exhibit "A" is a copy of any order entered by the Court).

5. I, \_\_\_\_\_, seek to have the decision of the Court reconsidered for the following reasons:

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

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

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

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

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

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

WHEREFORE, for the reasons set forth above, I request that the Court, after a hearing, reconsider its decision.

\_\_\_\_\_  
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**

_____	:	FAMILY COURT DIVISION
PLAINTIFF	:	
	:	PROTECTION FROM ABUSE
vs.	:	
	:	
_____	:	NO.
DEFENDANT	:	

**AFFIDAVIT OF SERVICE**

I, \_\_\_\_\_, the undersigned, hereby state that I served a copy of the Rule, the Order and the Petition in the above-captioned action by handling 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 RECONSIDER. IT MUST BE FILED WITH THE PROTHONOTARY OR BROUGHT TO THE COURT ON THE HEARING DATE.