Notice to Defend and Divorce Complaint

Form 1

A divorce starts with a Notice to Defend and Complaint. This form can be used if you have an agreement (3301c) or if you have been separated for two years or more (3301d). Complete Form 1, and follow filing instructions for your county.

Form 1 – Notice to Defend and Divorce Complaint

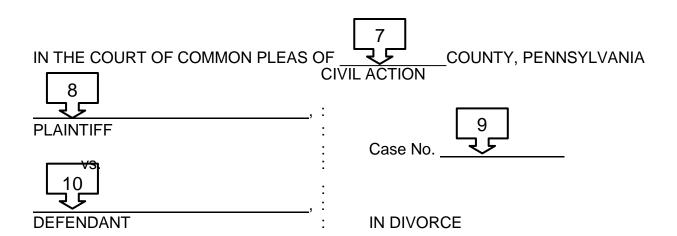
The numbers on these instructions correspond with the numbers in the boxes on the form. Use the form with the boxes to guide you through filling out the blank form.

- Box 1: Print the name of the county in which you are filing.
- Box 2: Print your name.
- Box 3: Leave blank. The Prothonotary / Clerk's Office will assign a docket number and write it here. You will use that number in this case from now on.
- Box 4: Print your spouse's name.
- Box 5: Print the address of the courthouse of the county in which you are filing.
- Box 6: EACH COUNTY HAS DESIGNATED AN AGENCY FOR INFORMATION ABOUT LEGAL SERVICES. CHECK COUNTY RULES OR CONTACT THE COURT ADMINISTRATOR'S OFFICE.
- Box 7: Print the name of the county in which you are filing.
- Box 8: Print your name.
- Box 9: Leave blank. The Prothonotary / Clerk's Office will assign a docket number and write it here. You will use that number in this case from now on.
- Box 10: Print your spouse's name.
- Box 11: Print your name.
- Box 12: Print your street address.
- Box 13: Print the name of the city or town in which you live.
- Box 14: Print the name of the county in which you live.
- Box 15: Print the state in which you live.
- Box 16: Print the date you began living at your address.
- Box 17: Print your spouse's name.
- Box 18: Print your spouse's street address.

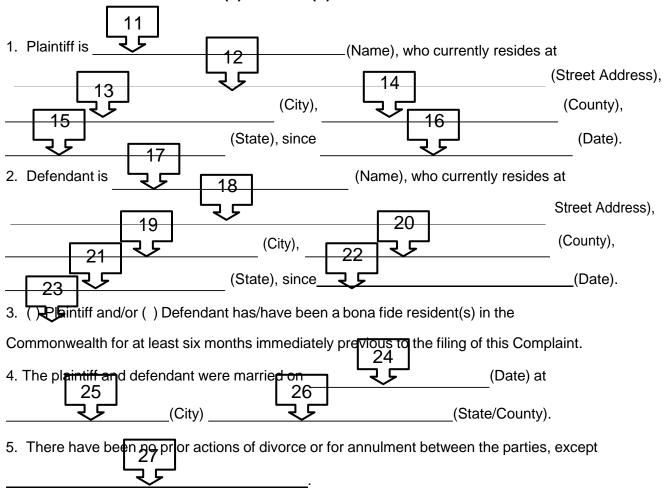
- Box 19: Print the name of the city or town in which your spouse lives.
- Box 20: Print the name of the county in which your spouse lives.
- Box 21: Print the name of the state in which your spouse lives.
- Box 22: Print the date your spouse began living at his/her address.
- Box 23: State whether you (Plaintiff) or your spouse (Defendant) or both of you have lived in Pennsylvania for at least six months.
- Box 24: Print the day, month, and year you and your spouse were married.
- Box 25: Print the name of the city in which you were married.
- Box 26: Print the name of the state and county in which you were married.
- Box 27: If there have not been any prior court cases for divorce or annulment between the parties, leave the line by Box 27 blank. A prior case may have been brought in this county, another county, another state, or another country. If there has been a prior case, write both the name of the jurisdiction (where the other case was filed), and the docket number of the other case here.
- Box 28: Write the date on which you are signing the complaint.
- Box 29: After reading and making sure you thoroughly understand the statements you are making in the divorce complaint, sign your name.
- Box 30: Print your name, address and telephone number.

Counties may require additional information be stated in the Divorce Complaint. For example, Centre County requires the parties state if they have any children under age 18 because there may be additional requirements for divorcing parents. To check what your county requires, call your Court Administrator's Office and review your county's local Rules of Court.

| IN THE COURT OF C | OMMON PLEAS OF CIVIL A | 1 COUNT | Y, PENNSYLVANIA |
|--|---|--|---|
| PLAINTIFF vs. 4 DEFENDANT | : : : : : : | Case No | 3 |
| 1 | NOTICE TO DEFEND | AND CLAIM RI | GHTS |
| following pages, you mu may proceed without yo the Court. A judgment m | ust take prompt action. You and a decree of divorce hay also be entered again wintiff. You may lose mon | ou are warned the e or annulment ronst you for any ot | inst the claims set forth in the at if you fail to do so, the case may be entered against you by her claim or relief requested in other rights important to you |
| | ge counseling. A list of m | | ole breakdown of the marriage, rs is available in the Office of dress) |
| LAWYER'S FEES OR | IOT FILE A CLAIM F | FOR ALIMONY, A DIVORCE OR | DIVISION OF PROPERTY ANNULMENT IS GRANTED |
| HAVE A LAWYER, GO | | THE OFFICE | AT ONCE. IF YOU DO NOT SET FORTH BELOW. THIS NG A LAWYER. |
| YOU WITH INFORMAT | | S THAT MAY OF | MAY BE ABLE TO PROVIDE FFER LEGAL SERVICES TO |



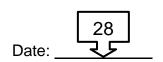
COMPLAINT FOR DIVORCE UNDER SECTION 3301(c) OR 3301(d) OF THE DIVORCE CODE



6. The marriage is irretrievably broken.

- 7. Plaintiff has been advised that counseling is available and that Plaintiff may have the right to request that the Court require the parties to participate in counseling.
- 8. Plaintiff requests that the Court enter a decree of divorce.

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.



| Respectfully submitted, | |
|--------------------------|-------------|
| 29 | |
| Plaintiffis Signature 30 | |
| Plaintiff's Name | |
| | (Address) |
| | (Address) |
| | (Telephone) |

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY, PENNSYLVANIA CIVIL ACTION

| PLAINTIFF | ; : |
|-----------|--------------|
| VS. | : Case No |
| vs. | : IN DIVORCE |
| DEFENDANT | · : |

NOTICE TO DEFEND AND CLAIM RIGHTS

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take prompt action. You are warned that if you fail to do so, the case may proceed without you and a decree of divorce or annulment may be entered against you by the Court. A judgment may also be entered against you for any other claim or relief requested in these papers by the Plaintiff. You may lose money or property or other rights important to you, including custody or visitation of your children.

When the ground for the divorce is indignities or irretrievable breakdown of the marriage, you may request marriage counseling, A list of marriage counselors is available in the Office of the Prothonotary at Clerk of Family Court, 1501 Arch Street, 11th Floor, Philadelphia, PA 19102.

IF YOU DO NOT FILE A CLAIM FOR ALIMONY, DIVISION OF PROPERTY, LAWYER'S FEES OR EXPENSES BEFORE A DIVORCE OR ANNULMENT IS GRANTED, YOU MAY LOSE THE RIGHT TO CLAIM ANY OF THEM.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

PHILADELPHIA BAR ASSOCIATION LAWYER REFERRAL AND INFORMATION SERVICE 1101 MARKET ST - 11TH FLOOR PHILA, PA 19107 215-238-6333

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY, PENNSYLVANIA CIVIL ACTION

| PL | AINTIFF | : | |
|----|---|---|----------------------|
| | vs. | : Case No : : IN DIVORCE | |
| DE | FENDANT | : | |
| | | FOR DIVORCE UNDER 3301(d) OF THE DIVORCE C | ODE |
| 1. | Plaintiff is | (Name), who curre | ently resides at |
| | | | (Street Address), |
| | | (City), | (County), |
| | (State | e), since | (Date) |
| 2. | Defendant is | (Name), who | currently resides at |
| | | | (Street Address), |
| | | (City), | (County), |
| | (State | e), since | (Date). |
| 3. | Plaintiff and/or Defendant has/ha for at least six months immediately p | , | , |
| 4. | The plaintiff and defendant were marr (City) | | , , |
| 5. | There have been no prior actions of d | | |

6. The marriage is irretrievably broken.

| request that the Court require the parties to participate in counseling. | | | | | |
|--|---|--|--|--|--|
| 8. Plaintiff requests that the Court enter a | decree of divorce. | | | | |
| | omplaint are true and correct. I understand that false be penalties of 18 Pa.C.S. § 4904, relating to unsworn | | | | |
| | Respectfully submitted, | | | | |
| Date: | Plaintiff's Signature | | | | |
| | Plaintiff's Name | | | | |
| | Street Address | | | | |
| | City, State and Zip | | | | |

Telephone

7. Plaintiff has been advised that counseling is available and that Plaintiff may have the right to

DOMESTIC RELATIONS INFORMATION SHEET INFORMATION ON PARENT #1 AND/OR SPOUSE #1 Last Name Alias (if any) First Name Middle Initial Residential Address Email Address Mailing Address Date of Birth Social Security No. DPW No. Height Weight Race Hair Eyes Distinguishing Features Place of Employment Medical Insurance Carrier Name, Address Work Phone No. Home Phone No. Mobile No. Policy No. Children Covered? No Yes Occupation Attorney's Name and Address Salary Attorney ID No. Attorney Phone No. INFORMATION ON PARENT #2 AND/OR SPOUSE #2 Middle Initial Alias (if any) First Name Last Name Residential Address Email Address Mailing Address DPW No. Date of Birth Social Security No. Weight Race Hair Eyes Distinguishing Features Height 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 Attorney Phone No. Salary Attorney ID No. INFORMATION IF THERE IS A CLAIM FOR SUPPORT Total No of People in DPW No. Receiving Assistance? District Receiving From Semi-monthly Grant Amount Household Yes No Parties Ever Married? Place Separation Date Place Marriage Date Divorce Date Yes No Maternal Grandmother's Maiden Name Maternal Grandfather's Name

Case ID No

| INFORMATION ON CARETAKER OF CHILD(REN) OTHER THAN PARENTS (IF ANY) | | | | | | | | | |
|--|---------------------------------------|--------------------|-----------------|---------------------------|------------------------------------|---------------------------------|---------------|---------------|--|
| First Name Midd | le Initial | Last Name | : | Alias (if any) | | | | | |
| Mailing Address | | | | Reside | ential Address | Email Address | | | |
| Attorney Name/Address/Phone No. | | | | | | | | | |
| Home Phone No. | Phone No. Work Phone No. | | Mobile No. | Date of Birth | | Relationship to children | | | |
| INF | ORMAT | ION ON CHI | ILD(REN) | | | | | | |
| First Name Midd | le Initial | | Last Name | | | Gende | er | Date of Birth | |
| Social Security No. Place of Birth (City, State) | | | ty, State) | | | Active on Cash Assistance? | | | |
| Father Listed on Birth Certificate? | Born Out of | Wedlock? | Was Paternity E | etablich <i>e</i> | Yes No | | | | |
| Yes No | | No | Yes No | stabiisiic | ou: | Date of Paternity Establishment | | | |
| First Name Middle Initial Last Name | | | | Gende | er | Date of Birth | | | |
| Social Security No. Place of Birth (City, State) | | | ty, State) | | | Active on Cash Assistance? | | | |
| | | | | | | Yes | No | | |
| Father Listed on Birth Certificate? | Born Out of | Wedlock? | Was Paternity E | stablishe | ed? | Date of Paternity Establishment | | | |
| Yes No | Yes No Yes No | | | | | | | | |
| First Name Middle Initial Last Nat | | | Last Name | | | Gende | Date of Birth | | |
| Social Security No. | | Place of Birth (Ci | ty, State) | | Active on Cash Assistance? | | | ance? | |
| | | | | | | Yes | No | | |
| Father Listed on Birth Certificate? | e? Born Out of Wedlock? Was Paternity | | | stablishe | ed? | Date of Paternity Establishment | | | |
| Yes No | Yes No Yes No | | | | | | | | |
| First Name Middle Initial Last Name | | | | Sex | Sex Date of Birth | | | | |
| Social Security No. Place of Birth (City, State) | | | ty, State) | | Active on Cash Assistance? Yes No | | | ance? | |
| Father Listed on Birth Certificate? | Born Out of | Wedlock? | Was Paternity E | as Paternity Established? | | Date of Paternity Establishment | | | |
| Yes No | Yes 1 | No | Yes No | 10 | | | | | |