

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 COMMON PLEAS OF 1 COUNTY, PENNSYLVANIA
CIVIL ACTION

2

PLAINTIFF
vs.
4

DEFENDANT

Case No. 3
IN DIVORCE

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 5

(Room Number – Address)

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.

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IN THE COURT OF COMMON PLEAS OF 7 COUNTY, PENNSYLVANIA
CIVIL ACTION

8
PLAINTIFF

Case No. 9

vs
10
DEFENDANT

IN DIVORCE

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

1. Plaintiff is 11 (Name), who currently resides at 12 (Street Address),
13 (City), 14 (County),
15 (State), since 16 (Date).

2. Defendant is 17 (Name), who currently resides at 18 (Street Address),
19 (City), 20 (County),
21 (State), since 22 (Date).

3. () Plaintiff and/or () Defendant has/have been a bona fide resident(s) in the Commonwealth for at least six months immediately previous to the filing of this Complaint.

4. The plaintiff and defendant were married on 24 (Date) at 25 (City), 26 (State/County).

5. There have been no prior actions of divorce or for annulment between the parties, except 27.

6. The marriage is irretrievably broken.

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

PLAINTIFF
vs.

DEFENDANT

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:
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:
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Case No. _____
IN DIVORCE

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

1. Plaintiff is _____(Name), who currently resides at _____(Street Address), _____(City), _____(County), _____(State), since _____(Date).
2. Defendant is _____(Name), who currently resides at _____(Street Address), _____(City), _____(County), _____(State), since _____(Date).
3. Plaintiff and/or Defendant has/have been a bona fide resident(s) in the Commonwealth for at least six months immediately previous to the filing of this Complaint
4. The plaintiff and defendant were married on _____(Date) at _____(City) _____(State/County).
5. There have been no prior actions of divorce or for annulment between the parties, except _____.
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,

Date: _____

Plaintiff's Signature

Plaintiff's Name

Street Address

City, State and Zip

Telephone

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	
Attorney Name/Address/Phone No.					
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	