

PETITION FOR CONTEMPT OF CUSTODY

INSTRUCTION SHEET

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

USE THIS FORM IF THE OTHER PARTY VIOLATES AN EXISTING CUSTODY ORDER. IF YOU ALSO WANT TO CHANGE THE CUSTODY ORDER, YOU MUST FILE A PETITION TO MODIFY IN ADDITION TO A PETITION FOR CONTEMPT.

1. Fill in the Domestic Relations Information Sheet with as much information as you have.
2. Complete, date, and sign the Petition for Contempt.
3. There is no filing fee for petitions for contempt.
4. File the completed Petition for Contempt, Information Sheet, and Criminal Record/Abuse History Verification by mailing or hand-delivering them in person to:

Clerk of Court
1501 Arch Street – 11th Floor
Philadelphia, PA. 19102

5. Whether you file the complaint/petition by mail or hand-deliver it to the office of the Clerk of Family Court, you must file the original **AND** two (2) copies. A copy machine is available at the Clerk's office at a cost of \$.25 per page

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

§ 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.

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)

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

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.

(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 FATHER OF CHILDREN OR HUSBAND

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 MOTHER OF CHILDREN OR WIFE

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 IF THERE IS A CLAIM FOR SUPPORT

Receiving Assistance Yes / No	DPW No	District Address	Semi-Monthly Grant Amount \$	No. of People in House Hold	
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: 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. _____ 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:

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

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

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

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

Check all that apply		Self	Other Household Member	Date
<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.

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.

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:

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