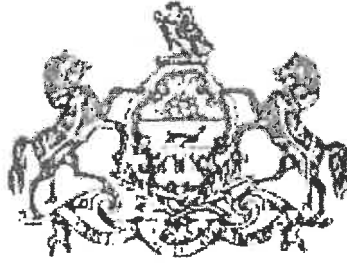


Filing Fee: \$162.25
Cash, Money Order or Credit Card



PROTHONOTARY / CLERK OF COURTS
(COURT OF COMMON PLEAS OF MIFFLIN COUNTY)
20 NORTH WAYNE STREET
LEWISTOWN, PA 17044
Phone (717) 248-8146 FAX (717) 248-5275
Hours: 8:00am - 4:00pm
Monday - Friday

Mifflin County Pro Se Custody Complaint

HOW TO FILE A CUSTODY COMPLAINT IN MIFFLIN COUNTY

Generally speaking, you will need to file a custody complaint in the county where the child(ren) has lived for the past six (6) months.

ALL paperwork in this packet must be completed along with the IFP, if applicable. The only thing you DO NOT fill out now is the Certificate of Service. The Certificate of Service will not be filled out or filed until after service is made to all of the parties involved.

Filing fee is **\$162.25** (cash, credit card or money order made payable to Mifflin County Prothonotary).
WE DO NOT ACCEPT PERSONAL CHECKS.

Take the original documents along with the filing fee to the Prothonotary's office located on the first floor of the courthouse (address listed above). **After filing the documents at the Prothonotary's Office you will need to serve a copy of the complaint on all of the parties listed on the complaint.** The Prothonotary's office will provide you with the time stamped copies that will need to be served.

After the Judges' office assigns a hearing date and time, you and the defendant(s) will receive a copy of the scheduling order in the mail. You will need to appear for this hearing at the date and time specified.

**DO NOT WRITE ON THE BACKSIDE OF THESE FORMS. PLEASE ADD
ADDITIONAL SHEETS OF PAPER IF NEEDED.**

DISCLAIMER BY THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY, PA

The Court staff will not be able to give you legal advice or help you fill out/complete the forms. The information in the packets is not a substitute for professional legal advice. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. If you want to obtain the services of an attorney but do not know whom to contact, you may call Mid Penn Legal Services at (717)248-3099 or (814)238-4958 or Pennsylvania Lawyer Referral listing at (800) 692-7375 or log onto palawhel.org.

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY, PENNSYLVANIA
CIVIL DIVISION-LAW

Plaintiff

vs

Defendant

CP-44-CV-_____-20_____

IN CUSTODY

COMPLAINT IN CUSTODY

1. The Plaintiff is _____, residing at _____,
(street) (city) (state) (zip)

2. The Defendant is _____, residing at _____,
(street) (city) (state) (zip)

3. Plaintiff seeks: () shared legal custody () sole legal custody and () partial physical custody,
() primary physical custody () shared physical custody () sole physical custody
() supervised physical custody of the following child(ren):

<u>Initials of the Child ONLY</u>	<u>Present Address:</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Child(ren) () was or () was not born out of wedlock.

The Child(ren) is presently in the custody of _____, who resides at _____,
(street) (city) (state) (zip) (county)

During the past five years, the child(ren) has resided with the following person(s) and at the following addresses:

<u>List ALL Persons:</u>	<u>Addresses:</u>	<u>Dates:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A parent of the child(ren) is _____, currently residing at _____,
(street) (city) (state) (zip) (county)

This parent is () single () married () divorced.

A parent of the child(ren) is _____, currently residing at _____,
(street) (city) (state) (zip) (county)

This parent is () single () married () divorced.

4. The relationship of the Plaintiff to the child(ren) is _____. The Plaintiff currently resides with:

Name:

Relationship:

_____	_____
_____	_____
_____	_____
_____	_____

5. The relationship of the Defendant to the child(ren) is _____. The Defendant currently resides with:

Name:

Relationship:

_____	_____
_____	_____
_____	_____
_____	_____

6. Plaintiff () has () has not, participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child in this or another court. The court, term and number and it's relationship to this action: _____

Plaintiff () has () has no information of a custody proceeding concerning the child pending in a court of this commonwealth. The court, term and number and it relationship to this action is:

Plaintiff () knows () does not know, of a person not a party to the proceeding who has physical custody of the child(ren) or claims to have custodial rights with respect to the child(ren). The name and address of such person is: _____

7. The best interest and permanent welfare of the child(ren) will be served by granting the relief requested because:

(c) If the plaintiff is seeking physical or legal custody of a child and is not *in loco parentis* to the child, the plaintiff shall plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(4) and (5).

(d) If the plaintiff is a grandparent or great-grandparent seeking partial physical custody or supervised physical custody of a grandchild or great-grandchild, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. § 5325.

10. Plaintiff has attached the Criminal Record/Abuse History Verification form required pursuant to Pa. R.C.P. No. 1915.3-2.

WHEREFORE, Plaintiff requests the court to grant () shared legal custody () sole legal custody () partial physical custody () primary physical custody () shared physical custody () sole physical custody () supervised physical custody of the child(ren).

(Date)

(Plaintiff's Signature)

Plaintiff's Contact Information:

Defendant's Contact Information:

Plaintiff's Name

Defendant's Name

Plaintiff's Phone Number

Defendant's Phone Number

Plaintiff's Email Address

Defendant's Email Address

VERIFICATION

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.

(Plaintiff Signature)

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of *the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____
(print name of who filed document)

Signature: _____

Name: _____
(print)

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY PENNSYLVANIA
CIVIL ACTION

Plaintiff
vs

Defendant

:
:
: CP-44-CV-_____ -20_____
:

ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY
PURSUANT TO Pa.R.C.P. No. 1930.8

I, _____, () Plaintiff or () Defendant, represent myself in the within action.

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

____ Remove _____, Esq., as my attorney of record.

____ Withdraw my appearance for the filing party.

____ Esq. ID# _____
Print Name

Signature Date

I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

All pleadings and legal papers can be served on me at the address listed below, which may or may not be my home address pursuant to Rule 1930.8:

Print Name

Signature

Street Address

City, State, Zip

Phone Number

Fax Number

Date

THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS, INCLUDING THE ATTORNEY REMOVED FROM THE CASE.

IN THE COURT OF COMMON PLEAS OF MIFFLIN COUNTY, PENNSYLVANIA

CP-44-CV-_____ - 20_____

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY COURT

(Court may use the first page of the parties' criminal record/abuse history verification or may complete a new form.)

1. **Participants.** Please list ALL members in your/the participant's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Child(ren)

_____ Party requests their residence remain confidential as they are **protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 67016713, or the Child Custody Act, 23 Pa.C.S. § 5336(b),** or they are in the process of seeking protection under the same.

Please list ALL members in the opposing party's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Child(ren)

____ Party requests their residence remain confidential as they are **protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. § 67016713, or the Child Custody Act, 23 Pa.C.S. § 5336(b),** or they are in the process of seeking protection under the same.

SUBJECT CHILD(REN) – Attach additional sheets if necessary:

Name	Date of Birth

2. Criminal Offenses. As to the following listed Pennsylvania crimes or offenses, or another jurisdiction’s substantially equivalent crimes or offenses, check the box next to any applicable crime or offense in which you or a household member:

- has pleaded guilty or no contest;
- has been convicted;
- has charges pending; or
- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301 - 6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or a court has entered an order for limited access, *e.g.*, Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

<u>Check all that apply</u>	<u>Crime</u>	<u>Self</u>	<u>Other Household member</u>	<u>Date of conviction, guilty plea, 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. § 2701 (relating to simple assault)	<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. § 2705 (relating to recklessly Endangering another person)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<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. § 2718 (relating to strangulation)	<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. § 2904
(relating to interference with custody of children) | <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. Ch. 30
(relating to human trafficking) | <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"/> | _____ | _____ |
| <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. § 5533
(relating to cruelty to animal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 5534
(relating to aggravated cruelty to animal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 5543
(relating to animal fighting) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 5544
(relating to possession of animal fighting paraphernalia) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

<input type="checkbox"/>	18 Pa.C.S. § 5902(b) or (b.1) (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"/>	_____	_____
<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"/>	Finding of contempt of a Protection from Abuse order or agreement under 23 Pa.C.S. § 6114	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device _____

3. Abuse or Agency Involvement. Check the box next to any statement that applies to you, a household member, or your child.

Check all that apply

	<u>Self</u>	<u>Household member</u>	<u>Child</u>
<input type="checkbox"/> Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction. What jurisdiction?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A determination or finding of abuse (<i>i.e.</i> , indicated or founded report) by a children and youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction. What jurisdiction?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> An adjudication of dependency involving this child or any other child under Pennsylvania’s Juvenile Act, or a similar law in another jurisdiction. What jurisdiction?: _____ Is the case active?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A history of perpetrating “abuse” as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> A history of perpetrating “sexual violence” or “intimidation” as those terms are defined in 42 Pa.C.S. § 62A03 (relating to protection of victims of sexual violence and intimidation).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If you checked a box in (2) or (3), list any evaluation, counseling, or other treatment received as a result:
5. If you checked a box in (2) or (3) that applies to your household member, who is not a party, state that person's name, date of birth, and relationship to the child.
6. If you are aware that the other party or the other party's household member has a criminal record or abuse history, please explain:

ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.

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.

Date

Plaintiff / Defendant Signature

Print Name

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Filer

Print Name

CONFIDENTIAL INFORMATION FORM

THIS FORM MUST BE COMPLETED

- The court considers the following information to be confidential:
 - Social Security Number
 - Financial Account Numbers
 - Driver's License Number
 - Minors Names and Dates of Birth
- This information is confidential and shall not be included in any documents filed with the court that is of public access.
- This form does not need to be filed in types of cases that are sealed or exempt from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).
- The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.
- Do not include confidential information in any other document filed with the court under this docket.
- This form and any additional pages must be served on all parties and counsel of record.

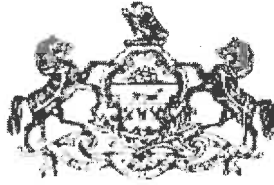
Instructions for completing the Confidential Information Form

1. Put on your case caption (docket number will be assigned by the filing office).
2. In the boxes you must put the initials, full name and date of birth for each child you are seeking custody of.
3. Complete the 2nd page with your signature, date, print name, address, telephone and email address.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the United Judicial System of Pennsylvania*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof. A court of record may impose sanctions, including costs necessary to prepare compliant document for filing in accordance with applicable authority.

CONFIDENTIAL
INFORMATION
FORM



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania
204 Pa. Code § 213.81
www.pacourts.us/public-records

_____ CP-44-CV- _____ -20 _____
Plaintiff
Vs
_____ Court
Defendant

This form is associated with the pleading titled Complaint for Custody , dated _____.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties, counsel or record.

This Information Pertains to:

(initials of the child)

(full name of the Child)

(child's date of birth)

This Information Pertains to:

(initials of the child)

(full name of the Child)

(child's date of birth)

This Information Pertains to:

(initials of the child)

(full name of the Child)

(child's date of birth)

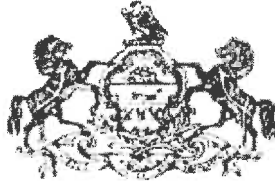
This Information Pertains to:

(initials of the child)

(full name of the Child)

(child's date of birth)

CONFIDENTIAL
INFORMATION
FORM



I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

(signature)

(date)

(print name)

(street address)

(phone number)

(city, state, zip)

(email)

Plaintiff's Date of Birth: _____

Defendant's Date of Birth: _____

INSTRUCTIONS FOR SERVICE OF COMPLAINT FOR CUSTODY

After you have filed the complaint in the Prothonotary's office, you are required to serve all parties involved in the case with a copy of this complaint.

There are several ways you can handle the serving of the court papers upon the Defendant(s), this packet will explain two of them.

1) Service by mail. This is probably the best way to serve your Complaint. You will need to mail the complaint by first class mail. The type of mailing you must use is called certified mailing, restricted delivery, with a return receipt requested. Your postal worker will be able to help you fill in the certified mailing papers correctly.

This type of mailing is used because the Defendant(s) must sign for the documents before the postal worker will deliver it. This means that you can prove that the Defendant(s) got the complaint because the post office will return a special green card to you that shows the date and time that the letter was given to the Defendant(s). It is very important you keep this green card because you must file it with the Prothonotary so the judge can see the Defendant was served. As soon as you receive the return receipt card back from the post office you will then complete a Certificate of Service and file it with the Prothonotary. Do not forget to staple the return receipt card to the Certificate of Service.

2) Personal Service. You can have any competent adult who is not a party in the case hand the complaint to the Defendant(s). An adult is someone eighteen years of age or older. A person is a competent adult if he or she can accurately remember the time and place that the court papers were handed to the Defendant(s) and is capable of filling out the Certificate of Service. You, because you are a party in the case, may not be the one to hand the papers to the Defendant(s). You should not have another person hand the papers to the Defendant(s) if there is any danger that the Defendant(s) may harm them, it is best in those cases to have the Sheriff handle the service or do it by mail.

If you find it necessary to have another person hand the papers to the Defendant(s), then that person is the one who must sign the Certification of Service. Have the Certification signed as soon as possible after service is made and file it with the Prothonotary.

If the person serving the papers cannot find the Defendant(s), he or she may hand the papers to an adult family member of the Defendant(s) living in the same home as the Defendant(s) or who is in charge of the home. If the Defendant(s) lives in a hotel, an apartment house, or a boarding house, the person serving the papers may hand them to the clerk or manager of the residence. The papers may also be handed to the person in charge where the Defendant(s) works. In any case, the person serving the papers must get the name of the person to whom the papers are handed and put the name in the space provided on the Certificate of Service.

You DO NOT make service on the other party until after the complaint is filed in the Prothonotary Office. Properly serving complaint is very important, if this is not handled properly the court may delay the hearing in your case .

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

Plaintiff

v.

CP-44-CV-_____-20____

Defendant

IN DIVORCE

CERTIFICATE OF SERVICE FOR CUSTODY COMPLAINT

I, _____, hereby certify that on the _____ day of _____, 20____, I served the Defendant with a true and correct copy of a complaint for custody by one of the following methods:

(CHECK ONE)

Service was made by United States Postal Service, first class, postage prepaid, certified, restricted delivery, return receipt requested to the Defendant(s), on the _____ day of _____, 20____. The return receipt signed by the Defendant(s) is attached hereto.

The Defendant(s) was personally served with a true and correct copy of the above pleading by hand-delivering the same to the Defendant(s) or by handing a copy at the residence or place of business of the Defendant(s) as set forth in Pa. R.C.P. §402. Personal service was made at the following location and time: _____ on the _____ day of _____, 20____, at _____ o'clock. If service was made on an adult, other than the Defendant(s), at the residence or place of business, the name of this adult is _____.

I verify that the statements made in this certificate of service 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

Signature of Person Who Made Service

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, 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.

MidPenn Legal Services

(Name)
3 W. Monument Square, Ste 303

(Street Address)
Lewistown, PA 17044

(City, State, Zip Code)
(814) 238-4958

(Telephone)

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Mifflin County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

BY THE COURT

Date: _____

J.

PETITION TO PROCEED INFORMA PAUPERIS

PRINT NEATLY IN BLUE OR BLACK INK

To file this Custody Complaint, it will cost **\$162.25 (cash or money order)**. However, it may be possible to have this filing fee waived if you can prove to the Court that you cannot afford to pay the \$162.25.

To do this, you must file a Petition to Proceed In Forma Pauperis (“IFP”). An IFP is a detailed list of your income and expenses. You must complete the IFP and file it along with your Custody Complaint at the Prothonotary’s Office. Fill in the information to the best of your ability and remember to sign and date at the bottom of the form.

Sometimes psychological studies and/or home studies of the parties will be ordered by the Court. These studies may cost you money and can be very expensive depending on the number of individuals involved. The Court will issue an Order regarding payment of the fees.

e.) Property Owned: _____
Real Estate Value (estimate): \$ _____ Motor Vehicle Make _____,
Vehicle Year _____, Cost: \$ _____, Amount Owed: \$ _____,
Cash: \$ _____ Checking Account: \$ _____ Savings Account: _____.

f.) Debts and obligations:
Mortgage: \$ _____ (monthly) Rent: \$ _____ (monthly)
Loans: \$ _____ (monthly) Other: _____
_____ (monthly)
(Write all of your regular monthly bills, phone, utilities, cable, insurance, etc.)

g.) Persons dependent upon you for support:
Wife/Husband Name: _____
Children, if any:
Initials: _____ Age: _____ Initials: _____ Age: _____
Initials: _____ Age: _____ Initials: _____ Age: _____
Initials: _____ Age: _____ Initials: _____ Age: _____
Other persons:
Name: _____ Relationship: _____
Name: _____ Relationship: _____

4. 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 3a.C.S. § 4904, relating to unsworn falsification to authorities.

_____ Date _____ Signature _____

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

Plaintiff

vs

CP-44-CV- _____ -20 _____

Defendant

IN CUSTODY

ORDER

AND NOW, this _____ day of _____, 20_____, upon consideration of the within Petition to Proceed In Forma Pauperis, it is hereby Ordered and Decreed that the Plaintiff, may file the Complaint in Custody in forma pauperis and proceed without payment of filing fees.

Date

Prothonotary