

**Filing Fee - \$77.75**  
**Cash or Money Order**



**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 Petition to Intervene**

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All Paperwork in the packet must be completed. The only thing you do not fill out now are the Certificates of Service. The Certificates of Service will not be filled out or filed until after service is made on all of the parties involved. Filing fee is **\$77.75 (cash 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 Petition to Intervene on all parties.

After the Judges' office assigns a hearing date and time, you and the other parties will receive a copy of a 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 Lawful Referral listing at (800)692-7375 or log onto [palawhelp.org](http://palawhelp.org).

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

\_\_\_\_\_  
Plaintiff(s)

VS

CP-44-CV-\_\_\_\_\_-20\_\_\_\_\_

\_\_\_\_\_  
Defendant(s)

VS

IN CUSTODY

\_\_\_\_\_  
Intervenor(s)

**Petition to Intervene**

And now, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
\_\_\_\_\_, petition(s) to intervene in this custody  
(name or names of proposed intervenor(s))  
action and in support thereof avers the following:

1. Intervenor(s) is/are \_\_\_\_\_, who resides at  
\_\_\_\_\_  
Street Address City Zip County
2. The Plaintiff(s) is/are \_\_\_\_\_, who resides at  
\_\_\_\_\_  
Street Address City Zip County
3. The Defendant(s) is/are \_\_\_\_\_, who resides at  
\_\_\_\_\_  
Street Address City Zip County
4. The relationship of the intervenor(s) to the child(ren) is that of  
\_\_\_\_\_.
5. Intervenor(s) seeks ( ) sole custody ( ) shared custody ( ) partial custody ( ) supervised partial custody  
of the following child(ren):

Initials of Child(ren)	Date of Birth	Present Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The best interest and permanent welfare of the child(ren) will be served by granting the intervenor(s) the relief they are requesting because (reasons for wanting custody and PLEASE be specific):

Lined area for providing reasons for wanting custody.

(IF MORE ROOM IS NEEDED, PLEASE USE A SEPARATE SHEET OF PAPER)

**Intervener's Information:**

**Plaintiff's Information:**

**Defendant's Information:**

\_\_\_\_\_  
Intervener's Name

\_\_\_\_\_  
Plaintiff's Name

\_\_\_\_\_  
Defendant's Name

\_\_\_\_\_  
Intervener's Street Address

\_\_\_\_\_  
Plaintiff's Street Address

\_\_\_\_\_  
Defendant's Street Address

\_\_\_\_\_  
Intervener's City, State and Zip

\_\_\_\_\_  
Plaintiff's City, State and Zip

\_\_\_\_\_  
Defendant's City, State and Zip

\_\_\_\_\_  
Intervener's Phone Number

\_\_\_\_\_  
Plaintiff's Phone Number

\_\_\_\_\_  
Defendant's Phone Number

\_\_\_\_\_  
Intervener's Email Address

\_\_\_\_\_  
Plaintiff's Email Address

\_\_\_\_\_  
Defendant's Phone Number

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

\_\_\_\_\_  
Signature of Intervenor

**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

CP-44-CV-\_\_\_\_\_ -20\_\_\_\_\_

\_\_\_\_\_ Defendant

Vs

\_\_\_\_\_ Intervenor

**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

\_\_\_\_\_ Date  
Signature

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

\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

:  
:  
:  
:  
:  
:  
:

No. CP-44-CV-        - 20

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"/>	_____	_____

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

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



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

<b>Check all that apply</b>		<b>Self</b>	<b>Other Household Member</b>	<b>Date</b>
<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**

**Self**

**Other  
Household  
Member**

**Date**

- |                          |  |                          |                          |       |
|--------------------------|--|--------------------------|--------------------------|-------|
| <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.

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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.

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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:

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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

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

\_\_\_\_\_  
Plaintiff(s)

VS

\_\_\_\_\_  
Defendant(s)

VS

\_\_\_\_\_  
Intervenor(s)

CP-44-CV-\_\_\_\_\_-20\_\_\_\_\_

IN CUSTODY

**ORDER**

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, upon consideration of the aforesaid "Petition to Intervene," a hearing is scheduled for the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_m, in courtroom # \_\_\_\_\_ of the Mifflin County Courthouse, 20 N. Wayne Street, Lewistown, Pennsylvania for the purpose of determining whether the Petitioner(s) may intervene in the custody action.

If you fail to appear as provided by this order, an order of custody, partial custody or visitation May be entered against you or the court may issue a warrant for your arrest.

BY THE COURT,

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

## INSTRUCTIONS FOR SERVICE OF PETITION TO INTERVENE

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

There are several ways you can handle the serving of the court papers upon the parties. These instructions will explain two of them.

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

This type of mailing is used because the parties must sign for the documents before the postal worker will deliver it. This means that you can prove that the parties got the petition because the post office will return a special green card to you that shows the date and time that the paperwork was given to the parties. It is very important you keep this green card because you must file it with the Prothonotary so the Judge can see the parties were 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 Petition to the parties. 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 party and is capable of reporting that information to the Judge. **You, because you are a party in the case, may not be the one to hand the papers to the other Parties.** You should not have another person hand the papers to them if there is any danger that they may harm the person making service. It is generally best in all 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 Parties, then that person is the one who must sign the Certificate of Service. Have the Certificate signed as soon as possible after service is made and file it with the Prothonotary.

If the person serving the papers cannot find a party, he or she may hand the papers to an adult family member of the party living in the same home as them or who is in charge of that home at the time of service. If the party 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 party 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.

**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(s)

VS

\_\_\_\_\_  
Defendant(s)

VS

\_\_\_\_\_  
Intervenor(s)

CP-44-CV-\_\_\_\_\_ -20\_\_\_\_\_

IN CUSTODY

**CERTIFICATE OF SERVICE FOR PETITION TO INTERVENE**

I, \_\_\_\_\_, hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I served the Parties with a true and correct copy of the Petition to Intervene.

**(CHECK ONE)**

\_\_\_\_\_ Service was made by United States Postal Service, first class, postage prepaid, certified, restricted delivery, return receipt requested to the Plaintiff / Defendant, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. The return receipt signed by the Plaintiff / Defendant is attached hereto.

\_\_\_\_\_ The Plaintiff / Defendant was personally served with a true and correct copy of the above pleading by hand delivering the same to the Plaintiff / Defendant or by handing a copy at the residence or place of business of the Plaintiff / Defendant as set forth in Pa. R.C.P. §402. Personal service was made at the following location: \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ M.

If service was made on an adult, other than the Plaintiff / Defendant, at a 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

\_\_\_\_\_  
Person who made service

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

\_\_\_\_\_  
Plaintiff(s)

VS

\_\_\_\_\_  
Defendant(s)

VS

\_\_\_\_\_  
Intervenor(s)

CP-44-CV-\_\_\_\_\_-20\_\_\_\_\_

IN CUSTODY

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Person who made service