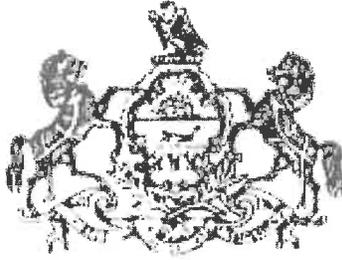


Filing Fee - \$78.75
Cash, Money Order or Credit Card



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 Petition to Intervene

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 **\$78.75 (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.

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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.

Check all that apply	<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

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

CP-44-CV-_____-20_____

IN CUSTODY

Intervenor(s)

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

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