

INSTRUCTIONS FOR FILING A COMPLAINT FOR CUSTODY

This packet is designed to assist you in filing a Complaint for Custody. Please read all of the instructions below and be sure to complete **ALL** of the steps. There is a checklist included to help you keep track of the steps.

A self-represented party is expected to follow all state and local rules and procedures. Court personnel cannot give you legal advice. Likewise, court personnel cannot help you fill out these forms. If you have any further questions or need legal advice, you may need to speak to an attorney. You can also go to <http://www.pacourts.us/learn/representing-yourself/custody-proceedings> for further information about representing yourself in a custody matter.

- 1) Fill out all pages of the Complaint for Custody and the Criminal Record/Abuse History Affidavit. If you are a grandparent or a third party (not a parent), you must pay particular attention to paragraph number nine (9) of the complaint. You must fill out which section of paragraph number nine (9) applies to you. Take your time and print very neatly. Remember, this pleading will become an original Court document.
- 2) Complete the attached Confidential Information Form providing the child(ren)'s full name(s) and date(s) of birth, which are omitted as confidential information in the Complaint for Custody.
- 3) There is a Court fee for filing a Complaint for Custody and there may be other Court costs in addition. If you cannot afford to pay the Court costs, you may apply for *In Forma Pauperis* status by filing the attached Petition to Proceed *In Forma Pauperis*. **Please note: Filing the *In Forma Pauperis* Petition does not automatically guarantee that the filing fee will be waived.**
- 4) Take the completed Complaint for Custody and Criminal Record/Abuse History Affidavit and, if you cannot afford to pay the Court costs, the Petition to Proceed *In Forma Pauperis* to the **Prothonotary's Office** on the first floor of the Butler County Government Center Building on any weekday that the Court system is open.
- 5) If a Petition to Proceed *In Forma Pauperis* is filed, a hearing will be scheduled in front of a Judge to determine if you qualify and whether you will be required to pay the filing fees or if the filing fees will be waived. Once you attend this hearing and your petition is granted, a Custody Conciliation Conference will be scheduled. If your petition is not granted, you will have thirty (30) days to pay the filing fee.
- 6) If you are paying the filing fees, a Custody Conciliation Conference will be scheduled upon the filing of the complaint.
- 7) The Prothonotary's Office will mail certified copies of your filed documents to you, including two copies of the Order of Court requiring the parties to attend a Families Forever Seminar. If you do not receive your copies within fourteen days of filing, you should contact the Prothonotary's Office.

8) All parties to the action are required to attend a divided families seminar pursuant to Local Rule 1915.3. If you have previously attended an educational seminar for divided families (i.e. Families Forever Seminar), you are not required to attend again. You may need to provide proof of completion of the seminar at the time of the Custody Conciliation Conference. There is a fee for this seminar (Fees may be waived by the provider under certain conditions).

9) **You** must make sure that each Defendant receives a certified copy of the Complaint for Custody, the Order scheduling the Custody Conciliation Conference, the Order to attend the Families Forever Seminar, and a blank Criminal Record/Abuse History Affidavit by either:

a) **First Class Mail and Certified Mail-restricted Delivery:** Take your two certified copies of the Complaint for Custody to the Post Office and two envelopes addressed to the Defendant(s) being served. Tell the Post office that you want the items mailed by first class mail AND by certified mail-restricted delivery. The certified mail must be “restricted delivery” and you will want a return receipt. The Post Office will give you a white receipt at the time of mailing and then later will mail to you a green card, which will indicate whether it was received and signed for. After you receive the green card back, fill out the attached Affidavit of Service for each Defendant being served; attach to it the white receipt and the green card. You should file the Affidavit of Service at the Prothonotary’s Office prior to the conference or bring the Affidavit of Service to the Conference.

b) **Service by the Sheriff’s Office:** You may take a certified copy of the Complaint for Custody to the Sheriff’s Office to have them serve the Defendant(s). There may be fees associated with this service. If you qualified for *In Forma Pauperis* status, you will need to provide the Sheriff’s Office with a certified copy of the Order granting the status.

c) **Personal Service:** Ask another unrelated adult to make service by handing a copy of the pleading directly to the person to be served. It is NOT considered good service if you personally serve the Defendant(s) yourself. The adult who serves the pleading must sign a Verification of Service for each person served. Use the attached Verification of Service section on the Affidavit of Service. You should file the Affidavit of Service at the Prothonotary’s Office prior to the conference or bring the Affidavit of Service to the Conference.

10) It is your choice as to whether or not to have an attorney present at the time of the Custody Conciliation Conference. For the conference, be sure to come on time and dress appropriately. There is no need to bring witnesses, but you should bring a suggested schedule for custody as well as a list of your reasons and concerns. DO NOT bring the minor child(ren) to the conference, unless they have been specifically directed to appear by Order of Court. Make sure that you attend the conference, even if you are not able to serve the Defendant(s). If you fail to appear, your case may be dismissed.

CUSTODY COMPLAINT CHECK LIST

Read each step completely and check off the step once it has been completed.

- _____ 1. I have filled in (please print) the required information on the:
_____ Complaint for Custody;
_____ Criminal Record/Abuse History Affidavit; and
_____ Confidential Information Form
- _____ 2. I am: _____ Paying the filing fee, or _____ filing for *In Forma Pauperis* status.
- _____ 3. If I am filing an *In Forma Pauperis* Petition, I have filled in (please print) the required information.
- _____ 4. I have taken my original Complaint for Custody, Criminal Record/Abuse History Affidavit, and *In Forma Pauperis* Petition (if filing) to the Prothonotary's Office and have requested certified copies to be sent to me.
- _____ 5. I have received my hearing notice for the *In Forma Pauperis* Petition (if filed) to appear in front of the Judge to determine if my filing fees will be waived. **You will need to appear at this hearing.**
- _____ 6. I have received copies of my Complaint for Custody, my Criminal Record/Abuse History Affidavit, the Order of Court scheduling the date and time for the Custody Conciliation Conference, and the Order of Court to attend the Families Forever Seminar from the Prothonotary's Office.
- _____ 7. I have sent the above certified copies to each Defendant, including a blank copy of the **Criminal Record/Abuse History Affidavit**; either by certified mail-restricted delivery as well as by regular mail, by using the Sheriff's Office to serve the Defendant(s), or by having someone else hand it to the Defendant(s). **You will need to complete an Affidavit of Service form.**
- _____ 8. I have filled out the Affidavit of Service form, which indicates how I served the Defendant(s), and if applicable, the person who personally served the Defendant(s) has signed the Verification of Service section.
- _____ 9. I have filed the completed Affidavit of Service form at the Prothonotary's Office.
- _____ 10. I will attend the **Custody Conciliation Conference** and will bring a copy of the **Affidavit of Service** with me. **Please note: If you fail to appear, your case may be dismissed.**

IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PENNSYLVANIA

_____ : F.C. # _____ -C

 Plaintiff(s) :
 _____ :
 vs. :
 _____ :
 _____ :
 Defendant(s) :

COMPLAINT FOR CUSTODY

1. The Plaintiff(s) is/are _____,
 residing at _____,
 (Street) (City) (State) (Zip Code)
 _____,
 (County)

2. The Defendant(s) is/are _____,
 residing at _____,
 (Street) (City) (State) (Zip Code)
 _____,
 (County)

3. The Plaintiff(s) seek(s) an Order of Court regarding custody of the following child(ren):

Initials	Present residence	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child(ren) (was/were) (was/were not) born out of wedlock.

The child(ren) is presently in the custody of _____,
 who resides at: _____,
 (Street) (City) (State)

During the past five years, the child(ren) has/have resided with the following persons and at the following addresses:

(List all persons)

(List all addresses)

(Dates)

The Mother of the child(ren) is _____,
currently residing at _____.

The Mother is (married) (divorced) (single).

The Father of the child(ren) is _____,
currently residing at _____.

The Father is (married) (divorced) (single).

4. The relationship of Plaintiff to the child(ren) is that of _____.

The Plaintiff(s) currently resides with the following persons:

Name

Relationship

5. The relationship of Defendant(s) to the child(ren) is that of _____.

The Defendant(s) currently resides with the following persons:

Name

Relationship

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

Plaintiff(s) (has) (has no) information of a custody proceeding concerning the child(ren) pending in a Court of this Commonwealth or any other state. The court, term and number, and its relationship to this action is:

Plaintiff(s) (knows) (does not know) of a person, not a party to the proceedings, who has physical custody of the child(ren) or claims to have custody or visitation 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 (set forth facts showing that the granting of the relief requested will be in the best interest and permanent welfare of the child(ren)):

8. Each parent whose parental rights to the child(ren) have not been terminated and the person who has physical custody of the child(ren) have been named as parties to this action. All other persons, named below, who are known to have or claim a right to custody or visitation of the child(ren) will be given notice of the pendency of this action and the right to intervene.

Name	Address	Basis of Claim
<hr/>		
<hr/>		
<hr/>		

9. (a) If the Plaintiff(s) is/are a person seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5324(2) as a person who stands *in loco parentis* to the child(ren), you must plead facts establishing standing. List facts establishing standing pursuant to the statute:

(b) If the Plaintiff(s) is/are a grandparent who is not *in loco parentis* to the child(ren) and is seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5324(3), you must plead facts establishing standing. List facts establishing standing pursuant to the statute:

(c) If the Plaintiff(s) is/are a person seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5324(4), you must plead facts establishing standing. List facts establishing standing pursuant to the statute:

(d) If the Plaintiff(s) is/are a grandparent or great-grandparent who is seeking partial physical custody or supervised physical custody pursuant to 23 Pa.C.S. § 5325, you must plead facts establishing standing. List facts establishing standing pursuant to the statute:

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

WHEREFORE, the Plaintiff(s) respectfully requests the court to grant the Plaintiff(s) the following type of legal custody (check one):

- Full legal custody of the child(ren).
- Shared legal custody of the child(ren).

and the following type of physical custody (check one):

- Primary physical custody of the child(ren).
- Shared physical custody of the child(ren).
- Partial physical custody of the child(ren).

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's Signature

Date:

IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PENNSYLVANIA

	:	
	:	FC #
	:	
	:	
	:	

CRIMINAL RECORD/ABUSE HISTORY AFFIDAVIT

I, _____, hereby swear or affirm, subject to penalties of law including 18 Pa.C.S. §4904 relating to unsworn falsification to authorities that:

- 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. Section 6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

Check All That Apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
[]	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	[]	[]	_____	_____
[]	18 Pa.C.S. §2702 (relating to aggravated assault)	[]	[]	_____	_____
[]	18 Pa.C.S. §2706 (relating to terroristic threats)	[]	[]	_____	_____
[]	18 Pa.C.S. §2709.1 (relating to stalking)	[]	[]	_____	_____
[]	18 Pa.C.S. §2901 (relating to kidnapping)	[]	[]	_____	_____
[]	18 Pa.C.S. §2902 (relating to unlawful restraint)	[]	[]	_____	_____

- 18 Pa.C.S. §5902(b) _____
(relating to prostitution and related offenses)
- 18 Pa.C.S. §5903(c) or (d) _____
(relating to obscene and other sexual material and performances)
- 18 Pa.C.S. §6301 _____
(relating to corruption of minors)
- 18 Pa.C.S. §6312 _____
(relating to sexual abuse of children)
- 18 Pa.C.S. §6318 _____
(relating to unlawful contact with minor)
- 18 Pa.C.S. §6320 _____
(relating to sexual exploitation of children)
- 23 Pa.C.S. §6114 _____
(relating to contempt for violation of protection order or agreement)
- Driving Under the Influence _____
Of Drugs or Alcohol
- Manufacture, sale, delivery, _____
Holding, offering for sale or possession of
any controlled substance or other drug or device

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 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"/>	_____
<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"/> 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/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. Section 4904 relating to unsworn falsification to authorities.

_____(Signature)

_____(Printed Name)

**CONFIDENTIAL
INFORMATION
FORM**



Instructions for Completing the Confidential Information Form

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
6. Abuse victim's address and other contact information, including employer's name, address and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim's name. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.C.P. No. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.C.P. No. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted 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.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

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 Unified 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 magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**CONFIDENTIAL
INFORMATION
FORM**



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

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

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

Pursuant to the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*, 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 the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
<p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of ____ and the full name of _____</p> <p>(full name of minor) and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>-----</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of ____ and the full name of _____</p> <p>(full name of minor) and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL
INFORMATION
FORM**



Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</p> <p align="center">(full name of adult)</p> <p align="center">OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor) and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>
<p>-----</p> <p>_____</p> <p align="center">(full name of adult)</p> <p align="center">OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor) and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>
<p>_____</p> <p align="center">(full name of adult)</p> <p align="center">OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor) and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>

**CONFIDENTIAL
INFORMATION
FORM**



Additional page(s) attached. _____ total pages are attached to this filing.

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 Attorney or Unrepresented Party

Name: _____

Address: _____

Date

Attorney Number: (if applicable) _____

Telephone: _____

Email: _____

NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.

IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PENNSYLVANIA

vs.

: F.C. #
:
:
:
:

PRO SE PETITION TO PROCEED IN FORMA PAUPERIS

1. I am the Plaintiff/Defendant (circle one) in the above matter and because of my financial condition am unable to pay the costs of litigation.

2. I am unable to obtain funds from anyone, including my family and associates, to pay the costs of litigation.

3. I represent that the information below relating to my ability to pay the fees and costs is true and correct.

NAME: _____
ADDRESS: _____

PHONE #: _____

EMPLOYER: _____
HOURLY WAGE: _____
HOURS WORKED PER WEEK: _____

If unemployed, check this box.

DATE OF LAST EMPLOYMENT: _____

List any money received within the past twelve (12) months, which is not included in the above employment information: (This includes, but is not limited to public assistance, unemployment compensation, support payments, disability payments, social security benefits, and income from any jobs not listed above.)

Does anyone else in your household receive income? YES NO (check one)

If "YES", list the individual's name(s) and monthly amount of income received. (This includes, but is not limited to income earned from employment, public assistance, worker's compensation, unemployment compensation, support payments, disability payments, and social security benefits.)

IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PENNSYLVANIA

vs.
_____ : F.C. #
:
:
:
:
:

AFFIDAVIT OF SERVICE

My name is _____.
My address is _____.

Complaint for Custody, Criminal Record/Abuse History Affidavit, and Families Forever Order

_____ I do hereby verify that I served a true and correct copy of the above forms, which were filed in the above-captioned matter, upon the Defendant(s) _____ by first class mail and by certified mail, restricted delivery, return receipt requested, on the _____ day of _____, 20____, addressed as follows:

(attach the white post office receipt and green card here)

-OR-

_____ I do hereby verify that I presented a certified copy of the above forms to the Sheriff's Office to be served upon the Defendant(s).

-OR-

VERIFICATION OF SERVICE

_____ I do hereby verify that _____ personally handed a certified copy of the above forms to the Defendant(s).

Date and time of service: _____

Location of service: _____

Signature of person providing service

I verify that the statements made in this verification are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. § 4904 relating to unsworn falsification to authorities.

Date

Signature of Plaintiff