

CUSTODY-CONTEMPT  
INSTRUCTIONS-PRINT CLEARLY

1. READ these instructions before proceeding
2. Fill in the blanks of the complaint/petition and attach a copy of your current custody order.
3. Include the Certification of Compliance with your filing (can be found on <http://www.buckscounty.org/government/RowOfficers/Prothonotary/Forms> or in the Prothonotary Office).
4. Make two (2) copies of the filled out complaint/petition (One for you and one for the opposing party).
5. File the original (the one you filled out) with:  
  
Family Court Prothonotary  
100 N. Main Street  
Doylestown, PA 18901  
(215-348-6822)
6. In approximately two weeks, you will receive notice of the conference date. At that time, you must serve the opposing party with a copy of the notice and the complaint/petition.

## HOW TO SERVE CUSTODY PAPERS

*-You must serve a copy of the paperwork you fill out from this folder plus the notice you receive with the dates of the conference*

*-If you choose to serve the complaint and notice by certified mail, be sure you allow enough time to get the green card back from the Post Office. (Example on next page)*

If you feel certified mail will not work, you can use "Personal Service". This can be done by giving the complaint and notice of conference to the other party by anyone over the age of 18. **The person serving these papers must not be yourself, one of your relatives or someone who works for you.** This person must fill out and sign an "Affidavit of Service."

The affidavit should include the following information:

- Date of service
- Time of service
- Place/address where service was made
- Who took the papers (it **must** be the defendant in the case)
- Who served the papers
- Signature of person who served the papers

(This affidavit may be handwritten on a plain piece of paper.)

**EXAMPLE: Certified Mail**

One method of service of custody paperwork is to send the papers (complaint and notice) certified mail.

When you come to the conference and the other side does not appear, you will be asked to prove that you served this paperwork to them. If you cannot prove service, we will have to reschedule your conference.

In order to prove that you served this paperwork by certified mail, we must be shown the green return receipt card signed by the party you are serving. (#1) (Any other signature does not count as service.)

Showing us the "Receipt for Certified Mail" is not proper service. (#2)

Z 402 937 171

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

Send to	
Street & Number	
Post Office, State, & ZIP Code	
Amount \$	
Class of Mail	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees \$	
Postmark or Date	
#2	

PS Form 3800, April 1995

For information only, this receipt is not valid for the return of the original document.

**CERTIFIED**

Z 402 937 171

**MAIL**

**PROVIDE BACKGROUND INFORMATION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CERTIFY THIS SECTION OF MAIL DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  
 SIGNATURE MUST MATCH  Addressee

D. Is delivery address different from Item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY, PENNSYLVANIA  
FAMILY DIVISION

\_\_\_\_\_ : A06-\_\_\_\_\_  
(Plaintiff)  
vs. :  
\_\_\_\_\_ : IN CUSTODY  
(Defendant)

**NOTICE AND ORDER TO APPEAR**

Legal proceedings have been brought against you alleging you have willfully disobeyed an order of court for custody.

If you wish to defend against the claim set forth in the following pages, you may but are not required to file in writing with the court your defenses or objections.

Whether or not you file in writing with the court your defenses or objections, you must appear in person in court on \_\_\_\_\_, at \_\_\_\_\_m. in Courtroom \_\_\_\_\_, Bucks County Courthouse, Doylestown, PA.

**IF YOU DO NOT APPEAR IN PERSON, THE COURT MAY  
ISSUE A WARRANT FOR YOUR ARREST.**

If the court finds that you have willfully failed to comply with its order, you may be found to be in contempt of court and committed to jail, fined or both.

**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 TO FIND OUT WHERE YOU CAN GET LEGAL HELP.**

Bucks County Bar Association  
135 East State Street  
PO Box 300  
Doylestown, PA 18901  
(215)348-9413

**BY THE COURT:**

Date: \_\_\_\_\_ J.

IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY, PENNSYLVANIA  
FAMILY DIVISION

\_\_\_\_\_  
(Plaintiff) : A06-\_\_\_\_\_  
  
vs. :  
  
\_\_\_\_\_  
(Defendant) : IN CUSTODY

PETITION FOR CIVIL CONTEMPT FOR DISOBEDIENCE OF  
CUSTODY ORDER

The Petition of \_\_\_\_\_ respectfully represents:

1. That on \_\_\_\_\_, Judge \_\_\_\_\_ entered an  
Order awarding (Petitioner) (Respondent) (shared legal custody) (sole legal custody)  
(partial physical custody) (primary physical custody) (shared physical custody)  
(sole physical custody) (supervised physical custody) of the minor child(ren)

\_\_\_\_\_  
(Name(s) of Child(ren))

A true and correct copy of the order is attached to this petition.

2. Petitioner is (name) \_\_\_\_\_,  
residing at \_\_\_\_\_.

3. Respondent is \_\_\_\_\_,  
residing at \_\_\_\_\_.

4. Respondent has willfully failed to abide by the order in that:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. Petitioner has attached the criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No. 1915.3-2.

WHEREFORE, Petitioner requests that Respondent be held in contempt of court.

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(Signature of Petitioner)

**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.

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Date

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Signature of Petitioner

## 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:

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
<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"/>	_____	_____
<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"/> | <b>18 Pa.C.S. §3121</b><br>(relating to rape)                                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3122.1</b><br>(relating to statutory sexual assault)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3123</b><br>(relating to involuntary deviate sexual intercourse) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3124.1</b><br>(relating to sexual assault)                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3125</b><br>(relating to aggravated indecent assault)            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3126</b><br>(relating to indecent assault)                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3127</b><br>(relating to indecent exposure)                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3129</b><br>(relating to sexual intercourse with animal)         | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3130</b><br>(relating to conduct relating to sex offenders)      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3301</b><br>(relating to arson and related offenses)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §4302</b><br>(relating to incest)                                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §4303</b><br>(relating to concealing death of child)              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |



- |                          |  |                          |                          |       |       |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <b>18 Pa.C.S. §4304</b><br>(relating to endangering<br>welfare of children)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §4305</b><br>(relating to dealing in<br>infant children)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §5902(b)</b><br>(relating to prostitution<br>and related offenses)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §5903(c) or<br/>(d) (relating to obscene and<br/>other sexual materials<br/>and performances)</b>                              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §6301</b><br>(relating to corruption of<br>minors)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §6312</b><br>(relating to sexual abuse<br>of children)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §6318</b><br>(relating to unlawful<br>contact with minor)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §6320</b><br>(relating to sexual<br>exploitation of children)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>23 Pa.C.S. § 6114</b><br>(relating to contempt for<br>violation of protection<br>order or agreement)                                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>Driving under the<br/>influence of drugs or<br/>alcohol</b>   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>Manufacture, sale,<br/>delivery, holding, offering for sale or<br/>possession of any controlled substance or<br/>other drug or device</b> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

2. Unless indicated by my checking the box next to an item below, neither I nor any other member of my household have a history of violent or abusive conduct, or involvement with a Children & Youth agency, including the following:

Check all that apply	Self	Other household member	Date
<input type="checkbox"/> A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<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 a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where?: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I verify that the information above is true and correct to the best of my knowledge, information or belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

Docket No. A06-\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

IN THE COURT OF COMMON PLEAS, BUCKS COUNTY, PENNSYLVANIA

FAMILY DIVISION

: A06-

v.

ENTRY OF APPEARANCE - PRO SE

Please enter my appearance Pro Se - representing myself in the above case.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Papers may be served to me at the address set forth below:

Address: \_\_\_\_\_  
(Plaintiff's Address)

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number for service of papers: \_\_\_\_\_