

CUSTODY-MODIFICATION

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) & mail/deliver along with check/money order to:
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.

**The current filling fee is \$50.00, cash, money order or check made payable to:
"Prothonotary"**

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)

PS Form 3800, April 1989

| | |
|--|----|
| Sent to | |
| Street & Number | |
| Post Office, State, & ZIP Code | |
| Amount | \$ |
| Class of Mail | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Shipped to Whom's Care (Optional) | |
| Return Receipt Shipped to Whom's Care, & Addresser's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

#2

CERTIFIED MAIL

Z 402 937 171

MAIL

| COMPLETE THIS SECTION ON THE FRONT | COMPLETE THIS SECTION ON THE REVERSE |
|--|--|
| <ul style="list-style-type: none"> 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. <p>1. Article Addressed to: _____</p> | <p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature _____ <i>X SIGNATURE MUST MATCH</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

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)

ORDER OF COURT

You, _____, (defendant) (respondent), have been sued in court to (OBTAIN)(MODIFY) (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):

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

You must file with the court a verification regarding any criminal record or abuse history regarding you and anyone living in your household on or before the initial in-person contact with the court (including, but not limited to, a conference with a conference officer or judge or conciliation) but not later than 30 days after service of the complaint or petition.

No party may make a change in the residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all of the applicable provisions of 23 Pa.C.S. §5337 and Pa.R.C.P. No. 1915.17 regarding relocation.

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
Doylestown, PA 18901
(215)348-9413 , 1-800-273-2929

Americans With Disabilities Act of 1990

The Court of Common Pleas of Bucks 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 the Court Administrator's Office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. **You must attend the conference.**

Date:

N.B. It is the responsibility of the petitioner to serve this notice and all other paperwork filed in reference to this matter on the other party named in this petition.

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

_____ : A06-_____
(Plaintiff)

vs. :

_____ : IN CUSTODY
(Defendant)

PETITION FOR MODIFICATION OF A CUSTODY ORDER

1. The petition of _____ respectfully represents that on _____, _____ an Order of Court was entered for (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) , a true and correct copy of which is attached.

2. The petitioner is _____ residing at _____

3. The respondent is _____ residing at _____

4. This Order should be modified because:

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 the Court modify the existing Order because it will be in the best interest of the child(ren).

(Signature)

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.

Date

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"/> | 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. §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"/> | _____ | _____ |
| <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:

| 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: _____

