

INSTRUCTIONS AND FORMS FOR FILING PRO SE CUSTODY ACTIONS IN POTTER COUNTY, PA

Forms:

1. Instructions for Pro Se Custody Action in Potter County, PA
2. Key Custody Definitions
3. Release and Disclaimer
4. Notice and Complaint for Custody
5. Criminal Record/Abuse History Verification (Plaintiff)
6. Affidavit of Service by Certified Mail, Certificate of Service by Regular Mail or Acceptance of Service
7. Criminal Record/Abuse History Verification (Defendant)

Filing Fee is \$104.75 payable in cash or with money order ONLY.

INSTRUCTIONS FOR PRO SE CUSTODY ACTIONS
IN POTTER COUNTY, PA

1. If you decide to file a lawsuit read and fill out the following forms **completely**.
2. If you are unable to pay the filing fee, you may ask the Court to waive some or all of the costs. The form you need to fill out is an Affidavit-In Forma Pauperis which you must request from the Prothonotary. The Court will review your Affidavit-In Forma Pauperis and decide whether or not you will have to pay the filing fee.
3. Return all completed forms to the Prothonotary's Office, 1 East Second Street, Room 23, Coudersport, PA 16915 for filing. PLEASE NOTE -If there is confidential information such as children's names, individual dates of birth, financial account numbers, etc., you must file an "ORIGINAL" Complaint and a "REDACTED" Complaint. Please ask the Prothonotary's Office about this policy.
4. Once the forms are filed you will receive two (2) certified copies. You are responsible for service of a certified copy upon the opposing party. Service must be made within thirty (30) days from the date of the filing of the forms at the Prothonotary's Office in the following manner to the last known address of the opposing party:
 - By United States Postal Service, Postage Pre-Paid, Certified Mail, Adult Signature Only.
 - If the certified mailing is returned to you *unclaimed* or *addressee unknown* please contact the Potter County Sheriff's Department at (814) 274-9350 for personal service. They will charge you a fee for the personal service.
 - If the certified mailing is sent to the property address of the opposing party and is *refused* you may resend the documents via United States Postal Service, First Class Mail, Postage Pre-Paid.
 - If the Defendant agrees to accept service of the complaint by hand delivery, he or she may sign an Acceptance of Service document which will then be filed with the Prothonotary.
5. An Affidavit of Service or Acceptance of Service **MUST BE FILED** in the Prothonotary's Office as soon as service is completed. You must be able to show the Court that service was made and the date of service.
6. Unless there is an emergency situation the complaint will generally be sent to a mediator who will attempt to reach an agreement with the parties relative to custody before proceeding to Court.

KEY CUSTODY DEFINITIONS

<u>Physical Custody-</u>	The actual physical possession and control of a child.
<u>Legal Custody-</u>	The legal right to make major decisions affecting the best interest of a minor child including, but not limited to, medical, religious and educational interests.
<u>Sole Custody-</u>	An award to one person only. Could be sole legal, sole physical or both.
<u>Shared Custody-</u>	An award assuring the child of frequent and continuing contact with and physical access to both parents. Could be shared legal, shared physical or both.
<u>Primary Physical Custody-</u>	The parent who has physical custody the majority of the time.
<u>Partial or Secondary Physical Custody-</u>	The parent who has physical custody of the child some, but not most of the time. What most people mean when they say “visitation”.
<u>Visitation-</u>	The right to visit a child only, and does not include the right to remove a child from the parent’s control.

RELEASE AND DISCLAIMER

Custody, like all legal matters, can be very complex and require extensive knowledge of many sources of law. These sources of law can be difficult to read and understand and are in a constant state of flux. No guide book or short summary of how to file for custody could fully explain or adequately protect your rights. **We strongly recommend that you hire and consult with a lawyer to represent your interest and to provide you with professional legal advice.** The Prothonotary and the staff in the court house are not attorneys and they are prevented by law from offering any legal advice to you.

The enclosed packet includes the information, instructions and forms currently necessary to file a custody action pro se (without an attorney). The information in the enclosed packet is not a substitute for professional legal advice. The County of Potter, Potter County Court and staff of the Potter County Courthouse assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents.

With the intent to be legally bound under the laws of Pennsylvania, I agree to each of the following:

1. Although I have been given a Petition to Proceed In Forma Pauperis to file along with my Custody Complaint, I understand that if my Petition is denied by the Court, I am required to and agree that I will pay for all court costs, filing fees or service costs.

2. I confirm that I have read this Release and Disclaimer (or had it read to me), and I understand it and I also confirm that I have been advised to consult with a lawyer and that my failure to do so may result in a loss of my legal rights.

3. I confirm that I have been advised that the information, instructions and forms which I have been given may contain errors or omissions and that I agree that I will be assuming all risk of harm from using or relying upon such information.

4. I hereby knowingly and voluntarily release and forever discharge the County of Potter, the Potter County Court and staff of the Potter County Courthouse of and from any and all actions, causes of action, claims, demands, damages, costs, expenses, compensation and all consequential damages arising as a result of using or relying upon such information, instructions and forms.

Date

Signature

Plaintiff

vs.

Defendant

: IN THE COURT OF COMMON PLEAS
: OF POTTER COUNTY, PENNSYLVANIA
:
: NO. ____ of _____
:
: CIVIL DIVISION
:

NOTICE

TO: _____

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must appear at the time and place indicated on the following Order. You are warned that if you fail to do so, the case will proceed without you and an Order may be entered without further notice for any relief requested by the Plaintiff. Rights important to you may be affected.

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.

**NORTHWESTERN LEGAL SERVICES
1001 STATE STREET #700
ERIE, PA 16501
1-800-665-6957**

Plaintiff	:	IN THE COURT OF COMMON PLEAS
	:	OF POTTER COUNTY, PENNSYLVANIA
vs.	:	NO. ____ of _____
	:	
Defendant	:	CIVIL DIVISION

COMPLAINT FOR CUSTODY, PARTIAL CUSTODY OR VISITATION
(circle one above)

1. The Plaintiff is _____, residing at _____
_____, telephone number _____.

2. The Defendant is _____, residing at _____
_____, telephone number _____.

3. The Plaintiff seeks Custody, Partial Custody or Visitation (circle one) of the following children:

NAME	ADDRESS	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

4. The child WAS or WAS NOT (circle one) born out of wedlock.

5. The child is presently in the custody of _____,
who resides at _____,
telephone number _____.

6. During the past five (5) years, the child has resided with the following persons and at the following addresses:

LIST ALL PERSONS	LIST ALL ADDRESSES	DATES
_____	_____	_____
_____	_____	_____

7. The mother of the child (children) is _____,
who resides at _____,
telephone number _____.

8. She is (married) (divorced) (single).

9. The father of the child (children) is _____,
who resides at _____,
telephone number _____.

10. He is (married) (divorced) (single).

11. The relationship of Plaintiff to the child (children) is that of _____.
The Plaintiff currently resides with the following persons:

NAME	RELATIONSHIP
_____	_____
_____	_____

12. The relationship of Defendant to the child (children) is that of _____.
The Defendant currently resides with the following persons:

NAME	RELATIONSHIP
_____	_____
_____	_____

13. Plaintiff HAS or HAS NOT (circle one) participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child (children) in this or another Court. The Court, term and number, and its relationship to this action is: _____

14. Plaintiff HAS or HAS NOT (circle one) information of a custody proceeding concerning this child (children) pending in a Court of this Commonwealth. The Court, term and number, and its relationship to this action is: _____

15. Plaintiff KNOWS or DOES NOT KNOW (circle one) of a person not a party to the proceedings who has physical custody of the child (children) or claims to have custody or visitation rights with respect to the child (children). The name, address and telephone number of such person is: _____

16. The best interest and permanent welfare of the child (children) 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 (children): _____

17. Each parent whose parental rights to the child (children) have not been terminated and the person who has physical custody of the child (children) 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 (children) will be given notice of the pendency of this action and the right to intervene:

NAME	ADDRESS	BASIS FOR CLAIM
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WHEREFORE, Plaintiff requests the court to grant Custody, Partial Custody or Visitation (circle one) of the child (children).

Date

Signature

VERIFICATION

I, verify that the statements and information in the foregoing Pro-Se Custody Information Sheet are true and correct. I understand that false statements made herein are subject to penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Date

Signature

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

Plaintiff	:	
	:	
vs.	:	
	:	
Defendant	:	NO. _____

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"/>		

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|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <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"/> | _____ | _____ |

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|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <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 the 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"/> | _____ | _____ |

- 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, 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.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Where? _____			
<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(children):

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.

Signature

Printed Name

	:	IN THE COURT OF COMMON PLEAS
Plaintiff	:	OF POTTER COUNTY, PENNSYLVANIA
	:	
vs.	:	NO. _____ of 20 _____
	:	
	:	CIVIL DIVISION
Defendant	:	

AFFIDAVIT OF SERVICE BY CERTIFIED MAIL

I, _____, did deposit into the UNITED STATES POSTAL SERVICE by "CERTIFIED MAIL, ADULT SIGNATURE REQUIRED, RETURN RECEIPT REQUESTED" a Complaint for CUSTODY, PARTIAL CUSTODY OR VISITATION (circle one) on _____ to the above-named Defendant.

The CERTIFIED MAIL, RETURN RECEIPT CARD bearing a number of _____ was signed by the Defendant or adult member of his household on _____ and is attached hereto.

Date

Signature

ATTACH THE RETURN RECEIPT CARD (GREEN CARD) BELOW:

**PLAINTIFF IS RESPONSIBLE
FOR SERVICE OF THIS CUSTODY
PAPERWORK, ALONG WITH
THE ATTACHED CRIMINAL RECORD/ABUSE
HISTORY VERIFICATION FORM UPON THE
DEFENDANT.**

****NOTE****

**THE DEFENDANT MUST COMPLETE
THE CRIMINAL RECORD/ABUSE HISTORY
VERIFICATION FORM AND RETURN IT TO
THE PROTHONOTARY
WITHIN THIRTY (30) DAYS.**

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

_____,
 Plaintiff
 vs.
 _____,
 Defendant

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 : : : : : : : : : : :

NO. _____

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:

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| <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, | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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, or involvement with a Children & Youth agency, including the following:

Check all that apply	Self	Other household member	Date
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<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(children):

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.

Signature

Printed Name