

\_\_\_\_\_  
Plaintiff  
vs.  
\_\_\_\_\_  
Defendant

:IN THE COURT OF COMMON PLEAS  
:POTTER COUNTY, PENNSYLVANIA  
:  
:NO.  
:  
:CIVIL DIVISION  
:(CUSTODY) (PARTIAL CUSTODY)  
:(VISITATION)

PETITION FOR MODIFICATION OF A CUSTODY  
PARTIAL CUSTODY OR VISITATION ORDER

Petitioner \_\_\_\_\_ respectfully represents:  
(Put Your Name Here)

1. The Plaintiff is \_\_\_\_\_  
Whose address and telephone number is \_\_\_\_\_  
\_\_\_\_\_

2. The Defendant is \_\_\_\_\_  
Whose address and telephone number is \_\_\_\_\_  
\_\_\_\_\_

3. The parties are the parents of :  
\_\_\_\_\_, born \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_  
\_\_\_\_\_, born \_\_\_\_\_

4. The existing Order of Court is dated \_\_\_\_\_  
And a copy is attached hereto.

5. This Order should be modified because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, Petitioner request that the Court modify the existing Order for (custody) (visitation) because it will be in the best interest of the child(ren).

I verity 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.A. Section 4904 relating to unsworn falsification to authorities.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

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

Plaintiff	:	NO. _____-FC-_____ -03
	:	
vs.	:	Action in Custody
	:	
Defendant	:	

**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 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 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(ren):

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

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.

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Signature

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Printed Name

\_\_\_\_\_  
Plaintiff

Vs.

\_\_\_\_\_  
Defendant

:IN THE COURT OF COMMON PLEAS  
:OF POTTER COUNTY, PENNSYLVANIA

:  
:No. \_\_\_\_\_ of 20\_\_\_\_

:  
:CIVIL DIVISION

ORDER

AND NOW, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, upon consideration of the forgoing  
Petition and Affidavit, IT IS ORDERED AND DIRECTED THAT \_\_\_\_\_  
be permitted to proceed in this action In Forma Pauperis pursuant to Pa. R. C. P. 204 (f).

BY THE COURT:

\_\_\_\_\_  
Stephen P. B. Minor, President Judge  
55<sup>th</sup> Judicial District

Cc:



\_\_\_\_\_  
Plaintiff

VS. :IN THE COURT OF COMMON PLEAS  
:POTTER COUNTY, PENNSYLVANIA

\_\_\_\_\_  
Defendant

:NO. of  
:CIVIL DIVISON

AFFIDAVIT - IN FORMA PAUPERIS

1. I am the (Plaintiff) (Defendant) in the above matter and because of my financial condition am unable to pay the fees and costs of prosecuting or defending the action or proceeding.

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: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_

SALARY/ WAGES GROSS: \_\_\_\_\_ NET \_\_\_\_\_

PAY PERIOD CIRCLE ONE: WEEKLY, BIWEEKLY, MONTHLY

DATE OF LAST EMPLOYMENT: \_\_\_\_\_

OTHER INCOME WITHIN THE PAST TWELVE MONTHS

BUSINESS OR OTHER: \_\_\_\_\_ SELF EMPLOYMENT: \_\_\_\_\_  
INTEREST: \_\_\_\_\_ DIVIDENDS: \_\_\_\_\_  
PENSION: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

SUPPORT: \_\_\_\_\_ DISABILITY: \_\_\_\_\_  
UNEMPLOYEMNT: \_\_\_\_\_ WORKMAN'S COMP. \_\_\_\_\_  
PUBLIC ASSISTANCE: \_\_\_\_\_ OTHER: \_\_\_\_\_

OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT

HUSBAND/WIFE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
SALARY: \_\_\_\_\_ TYPE OF WORK: \_\_\_\_\_  
CONTRIBUTIONS FROM PARENTS OR CHILDREN: \_\_\_\_\_

PROPERTY OWNED

CASH: \_\_\_\_\_ CHECKING ACCOUNT: \_\_\_\_\_  
CD'S: \_\_\_\_\_ SAVING ACCOUNT: \_\_\_\_\_  
REAL ESATE: \_\_\_\_\_ ESTIMATED VALUE: \_\_\_\_\_  
MAKE, MODEL, AND YEAR OF AUTO: \_\_\_\_\_  
OTHER INCOME: \_\_\_\_\_ STOCKS AND BONDS: \_\_\_\_\_

DEBTS AND OBLIGATIONS PER MONTH

MORTGAGE / RENT: \_\_\_\_\_ LOANS: \_\_\_\_\_  
CREDIT CARDS: \_\_\_\_\_ CHILD SUPPORT: \_\_\_\_\_  
ELECTRIC: \_\_\_\_\_ WATER /SEWER: \_\_\_\_\_ FUEL \_\_\_\_\_  
MEDICAL: \_\_\_\_\_ CHILD CARE: \_\_\_\_\_ TAXES: \_\_\_\_\_  
MISC: \_\_\_\_\_ TRANSPORTATION: \_\_\_\_\_

PERSONS DEPENDANT UPON YOU FOR SUPPORT

CHILDREN'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER PERSONS AND RETIIONSHIPS DEPENDANT UPON YOU

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

I understand that I have a continuing obligation to inform the Court of any improvement in my financial circumstances, which would permit me to pay the costs incurred herein.

I verify that the statements made in this affidavit are true and correct. 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.

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

\_\_\_\_\_  
(Plaintiff) (Defendant)