

**INSTRUCTIONS FOR FILING A CUSTODY COMPLAINT OR A PETITION FROM
MODIFICATION OF PARTIAL CUSTODY OR VISITATION ORDER**

The following documents should be completed and filed with the filing fees, unless waived by the Court, in the Prothonotary's office. All information must be typewritten or neatly printed:

COVER SHEET

Fill in the top part of this form with your name and address and the defendant's name and address. You are the plaintiff. The person you are filing against is the defendant. Box F should contain a "C" and the word "custody". You must sign and date the form at the bottom.

ORDER OF COURT FOR CONFERENCE/HEARING

Insert your name on the first line on the left side of the top of the form (This is called the caption). Insert the defendant/respondent's name on the second line on the left side of the top of the form. The Court will complete the rest of the form.

ORDER OF COURT

Insert your name on the first line on the left side of the top of the form (This is called the caption). Insert the defendant/respondent's name on the second line on the left side of the top of the form. Please complete numbers 1, 5 and 6 with your proposed recommendations for custody, partial custody, or visitation.

COMPLAINT FOR CUSTODY/PARTIAL CUSTODY/VISITATION

Insert your name on the first line on the left side of the top of the form (This is called the caption). Insert the defendant's name on the second line on the left side of the top of the form. Answer all the questions on the form completely and sign on both signature lines above the word "Plaintiff".

**PETITION FOR MODIFICATION OF A PARTIAL CUSTODY OR VISITATION
ORDER**

If you already have a custody order from the court and you wish to change it, complete this form instead of the complaint by inserting your name on the first line on the left side of the top of the form (This is called the caption). Insert the other person's name on the second line on the left side of the top of the form. You are the "Petitioner" and the other person is the "Respondent". Insert your case number from your custody order on the right hand side. Answer all the questions on the form completely. Sign the form in both places at the bottom above the word "Petitioner".

PETITION FOR WAIVER OF COSTS (if applicable)

Complete this form **ONLY** if you cannot afford to pay the initial filing fees and costs. Insert your name on the first line on the left side of the top of the form (This is called the caption). Insert the defendant/respondent's name on the second line on the left side of the top of the form. Answer all the questions on the form completely. You must sign and date the form at the bottom. (Current filing fees are \$127.90 plus \$150.00 for custody master.)

ORDER OF COURT FOR WAIVING PAYMENT OF COSTS (if applicable)

If you complete the Petition for Waiver of Costs, insert your name on the first line on the left side of the top of the form (This is called the caption). Insert the defendant/respondent's name on the second line on the left side of the top of the form. The Court will complete the rest of the form.

Court of Common Pleas of Carbon County		
Civil Cover Sheet		For Prothonotary Use only (Docket Number)
A. PLAINTIFF'S NAME:		DEFENDANT'S NAME:
PLAINTIFF'S ADDRESS & TELEPHONE NUMBER:		DEFENDANT'S ADDRESS AND TELEPHONE NUMBER:
PLAINTIFF'S NAME:		DEFENDANT'S NAME:
PLAINTIFF'S ADDRESS & TELEPHONE NUMBER:		DEFENDANT'S ADDRESS & TELEPHONE NUMBER:
TOTAL NUMBER OF PLAINTIFFS		TOTAL NUMBER OF DEFENDANTS
B. AMOUNT IN CONTROVERSY <input type="checkbox"/> \$25,000 or less <input type="checkbox"/> More than \$25,000	C. COMMENCEMENT OF ACTION <input type="checkbox"/> 1. Complaint <input type="checkbox"/> 2. Writ of Summons <input type="checkbox"/> 3. Notice of Appeal <input type="checkbox"/> 4. Petition Action	D. CASE PROCESS <input type="checkbox"/> 5. Arbitration <input type="checkbox"/> 6. Jury <input type="checkbox"/> 7. Non Jury <input type="checkbox"/> 8. Class Action
E. TRACK ASSIGNMENT REQUESTED (CHECK ONE) COURT HAS FINAL APPROVAL FOR ALL TRACK ASSIGNMENTS <input type="checkbox"/> FAST <input type="checkbox"/> STANDARD <input type="checkbox"/> COMPLEX If complex, state reasons:		
F. CODE AND CASE TYPE (See instructions)		G. CODE AND CASE SPECIFIC (See instructions)
H. STATUTORY BASIS FOR CAUSE OF ACTION (See instructions)		
I. RELATED PENDING CASES (List by Docket Number – Indicate whether the related cases have been consolidated)		
J. TO THE PROTHONOTARY: Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant. Papers may be served at the address set forth below.		
NAME OF PLAINTIFF'S/APPELLANT'S ATTORNEY		ADDRESS
PHONE NUMBER	SUPREME COURT IDENTIFICATION NUMBER	E-MAIL ADDRESS: _____ FAX NO. (OPTIONAL – FOR SERVICE): _____
DATE: _____		SIGNATURE: _____

Instructions for Completing Civil Cover Sheet

The attorney (or pro se party) filing a case shall complete the form as follows:

A. Parties

- i. *Plaintiff(s)/Defendant(s)*
Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency or corporation, use the full name of the agency or corporation. In the event there are more than two plaintiffs and/or two defendants, list the additional parties on a separate sheet of paper. Husband and wife should be listed as separate parties.
- ii. *Parties' Addresses and Telephone Numbers*
Enter the address and telephone numbers of the parties at the time of filing of the action. If any party is a corporation, enter the address and telephone number of the registered office of the corporation.
- iii. *Number of Plaintiffs/Defendants*
Indicate the total number of plaintiffs and the total number of defendants in the action.

B. Amount in Controversy

Check the appropriate box. Indicate whether an Assessment of Damages Hearing is required.

C. Commencement of Action

Indicate type of document to be filed to initiate the action.

D. Other

Indicate whether the case is an arbitration, jury or non-jury case. Check any other appropriate boxes. If the action will require the entry of an Order approving a minor/incapacitated person's compromise, wrongful death or survival action, check the appropriate box.

E. Track Assignment – COURT HAS FINAL APPROVAL FOR ALL TRACK ASSIGNMENTS

If you are requesting the Complex track, please indicate the reasons for your request.

F. Type of Action - Case Type

Select and insert the applicable case type and code from the first two columns of the following list:

Code	Case Type	Code	Case Type	Code	Case Specific	Code	Case
@	Asbestos Case	9	Mandamus	001	Assault/Battery	037	Motor Veh. Accdt.<\$25,000
X	Assessment Appeal	#	Miscellaneous	018	Class Action	005	M V Prop Damage
A	Civil Action	F	Mortgage Foreclosure	015	Consumer Credit	009	Negotiable Instrument
C	Custody	\$	Municipal Appeal	019	Contract - Construction	032	Partition
1	Declaratory Judgment	7	Name Change	011	Contract - Sale of Goods	002	Premises Liability
D	Divorce	Q	Quiet Title	012	Contract - Other	003	Personal Injury
B	DJ Appeal	R	Replevin	025	Defamation	027	Product Liability
W	Ejectment	!	Tax Sale	035	Discrimination	006	Property Damage (non-veh)
N	Eminent Dom./Dec. of Tak.	V	Zoning Appeal	030	Employment/Wrongful Disc.	010	Recov. Overpaymt.
2	EminentDomain/Pet.Viewer s			016	Fraud	013	Rent/Lease/Ejectment
E	Equity			040	Indirect Criminal Contempt	039	Right to Know
L	License Appeal			008	Insurance-Declar. Judgment	024	Stockholder Suit
				034	Malicious Prosecution	014	Title to Real Property
				022	Malpractice-PROF.	004	Torts to Land
				033	Mechanic's Lien	023	Toxic Tort-Pers. Injury
				042	Medical Malpractice	031	Toxic Waste/Environ.
				007	Motor Veh. Accdt.>\$25,000	021	Wast/Contam/Env

G. Case Specific

Insert applicable case specific and code from the last two columns of the above list.

H. Statutory Basis for Cause of Action

If the action is commenced pursuant to statutory authority ("Petition Action"), the specific statute must be cited.

I. Related Pending Cases

All previously filed related cases must be identified. Indicated whether they have been consolidated by Court Order or Stipulation.

J. Plaintiff's/Appellant's/Petitioner's Attorney - Entry of Appearance

The name of filing party's attorney must be inserted, together with the other required information. Unrepresented filers must provide their name, address, telephone number and signature. **Providing the fax number shall authorize the service of legal papers by facsimile transmission. See Pa.R.CP.440(d)**

**IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW**

PLAINTIFF/PETITIONER

VS.

DEFENDANT / RESPONDENT

:
:
:
:
:
:

**CUSTODY
NO.**

You, _____, (defendant) (respondent), have been sued in court to (obtain / modify) custody, partial custody or visitation of the child(ren):

_____.

You are ordered to appear in person at the First Floor Conference Room, Carbon County Courthouse, or Second Floor, Domestic Relations Office, 76 Susquehanna Street, Jim Thorpe, Pennsylvania, 18229, on _____, 20____, at _____M., prevailing time, for _____ a conciliation or mediation conference.

_____ a pretrial conference.

_____ a hearing before the court.

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

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FREE OR NO FEE.

District Court Administrator
Carbon County Courthouse
4 Broadway, P.O. Box 131
Jim Thorpe, PA 18229
(570) 325-8556

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Carbon 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 our office. All arrangements must be made at least seventy-two (72) hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

BY THE COURT:

Dated: _____

J.

IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA

CIVIL ACTION - LAW

_____	:	
Plaintiff/Petitioner	:	
	:	
vs.	:	NO.
	:	
_____	:	
Defendant/Respondent	:	
	:	
_____	-	Counsel for Plaintiff
_____	-	Counsel for Defendant

ORDER OF COURT

AND NOW this ___ day of _____, 20___, it is hereby

ORDERED and DECREED as follows:

1. This Order of Court shall govern the custodial situation of the following children:

2. In accordance with the statutory laws of this Commonwealth, each party shall be provided all access to the medical, dental, religious and school records of the child(ren) involved. Absent an emergency situation, each party shall be informed in regard to the medical and dental needs of the child(ren) involved.

3. Jurisdiction of the child(ren) and this matter shall remain with the Court of Common Pleas of Carbon County, Pennsylvania, unless or until jurisdiction would change under the Uniform Child Custody Jurisdiction Act.

4. The welfare of the child(ren) shall be the primary consideration of the parties in any application of the terms of this Agreement. The parties shall exert every reasonable effort to foster a feeling of affection between the child(ren) of the other party. Neither party shall do anything to estrange the child(ren) from the other party, to injure the opinion of the child(ren) as to the other party, or to hamper the free and natural development of the child(ren)'s love and respect of the other party.

5. Primary Physical custody of the child(ren) shall be as follows:

6. The Plaintiff/Defendant, Father/Mother, shall have partial physical custody and visitation rights in accordance with the following schedule:

- (a) During the week:_____;
- (b) Weekends:_____;
- (c) Major Holidays:_____;
- (d) Minor Holidays:_____;
- (e) Mother's Day and Mother's Birthday shall be with the Mother;
- (f) Father's Day and Father's Birthday shall be with the Father.
- (f) Child(ren)'s Birthday(s):_____;
- (g) Vacation/Summers:_____;
- (h) Other times:_____.

7. All other periods of partial custody by either party shall be by mutual agreement of both parties after reasonable request, and such agreement shall not be unreasonably withheld.

8. Each party agrees to keep the other advised of their current residential address and telephone number. Each party shall be entitled to speak to the child(ren) by telephone at reasonable times and intervals when the child(ren) is/are in the custody of the other party.

9. Each party agrees to give to the other a general itinerary of all vacations they plan to take with the child(ren).

10. Each party shall endeavor to give at least twenty-four (24) hours prior notice to the other in the event that it will not be possible to exercise any of the rights herein identified.

The attached "Appendix to Order" is incorporated herein and shall be part of this Order.

BY THE COURT:

J.

APPENDIX TO ORDER

Certain rules of conduct generally applicable to custody matters are set forth below and are binding on both parties, the breach of which could become the subject of contempt proceedings before this Court, or could constitute grounds for amendment of our order. If these general rules conflict with the specific requirements of our order, the order shall prevail.

1.

Neither party will undertake nor permit in his or her presence the poisoning of the minor child's mind against the other party by conversation, which explicitly or inferentially derides, ridicules, condemns, or in any manner derogates the other party.

2.

The parties shall not conduct arguments or heated conversations when they are together in the presence of their child(ren).

3.

Neither party will question the child(ren) as to the personal lives of the other parent except insofar as necessary to insure the personal safety of the child(ren). By this we mean that the child(ren) will not be used as a spy on the other party. It is harmful to a child to be put in the role of "spy".

4.

Neither party will make extravagant promises to the minor child(ren) for the purposes of ingratiating himself or herself to the minor child(ren) at the expense of the other party; further, any reasonable promise to the child(ren) should be made with the full expectation of carrying it out.

5.

The parties should at all times consider the child(ren)'s best interests, and act accordingly. It is in a child(ren)'s best interests to understand that he or she is trying desperately to cope with the fact of his parents' separation, and needs help in loving both parents, rather than interference of censure.

6.

The parties should remember that they cannot teach their child(ren) moral conduct by indulging in improper conduct themselves. Children are quick to recognize hypocrisy, and the parent who maintains a double standard will lose the respect of his or her child(ren).

7.

Weekend and evening visitation shall be subject to the following rules:

- A. Arrangements will be worked out beforehand between the parties without forcing the child(ren) to make choices and run the risk of parental displeasure. However, the child shall be consulted as to his or her schedule.
- B. Visitation rights should be exercised at reasonable hours and under circumstances reasonably acceptable to the other party and to the needs and desires of the minor child(ren).
- C. If a party finds him or herself unable to keep an appointment, he or she should give immediate notice to the other party, so as to avoid subjecting the child(ren) to unnecessary apprehension and failure of expectations.
- D. The party having custody of the child(ren) should prepare him or her both physically and mentally for the visitation with the other party and have him or her available at the time and place mutually agreed upon.
- E. If either party or the child(ren) has plans which conflict with a scheduled visit and wish to adjust such visitation, the parties should make arrangements for an adjustment acceptable to the schedules of everyone involved. Predetermined schedules are not written in stone, and both parties should be flexible for the sake of the child(ren).
- F. If a party shows up for a visit under the influence of alcohol or drugs, the visit may be considered forfeited on those grounds alone.

8.

During the time that the child(ren) is/are living with a party, that party has the responsibility of imposing and enforcing the rules for day-to-day living. However, unless otherwise ordered, both parents should consult with one another on the major decisions affecting the child(ren)'s life, such as education, religious training, medical treatment, and so forth.

**IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW**

PLAINTIFF	:	
	:	
VS.	:	CUSTODY
	:	NO.
	:	
	:	
DEFENDANT	:	

COMPLAINT FOR CUSTODY / PARTIAL CUSTODY / VISITATION

1. The plaintiff is _____, residing at

(Street) (City) (Zip Code) (County)

2. The defendant is _____ residing at

(Street) (City) (Zip Code) (County)

3. Plaintiff seeks (custody) / (partial custody) / (visitation) of the following child(ren):

<u>NAME</u>	<u>PRESENT RESIDENCE</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

<u>(List all Persons)</u>	<u>(List all Addresses)</u>	<u>(Dates)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The mother of the child(ren) is _____, currently

residing at _____

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

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

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

4. The relationship of plaintiff to the child(ren) is that of _____
The plaintiff currently resides with the following persons:

NAME

RELATIONSHIP

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

The defendant currently resides with the following persons:

NAME

RELATIONSHIP

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

Plaintiff (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 (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 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:

<u>NAME</u>	<u>ADDRESS</u>	<u>BASIS OF CLAIM</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wherefore, Plaintiff requests the court to grant (custody) / (partial custody) / (visitation) of the child(ren).

Plaintiff

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

**IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW**

PETITIONER	:	
	:	
VS.	:	CUSTODY
	:	NO.
	:	
	:	
RESPONDENT	:	

**PETITION FOR MODIFICATION OF A PARTIAL CUSTODY OR
VISITATION ORDER**

1. The petition of _____ respectfully represents that on _____, 20____, an Order of Court was entered for (partial custody) / (visitation), a true and correct copy of which is attached.

2. This Order should be modified because: _____

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

Petitioner

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.

Petitioner

IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA

CIVIL ACTION

_____, :
Plaintiff/Petitioner :
vs. : NO.
_____, :
Defendant/Respondent :

ORDER OF COURT

AND NOW this _____ day of _____, _____, it is hereby
ORDERED and DECREED that the
(Plaintiff/Petitioner)/(Defendant/Respondent), be GRANTED leave to proceed in forma
pauperis in the above action. At this time, (Plaintiff/Petitioner)/(Defendant/Respondent) is
relieved from paying the initial filing fees and sheriff's costs only.
(Plaintiff/Petitioner)/(Defendant/Respondent) shall promptly notify the Court of any
material change in his/her income during the pendency of this action.

BY THE COURT:

J.

IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA

CIVIL ACTION

_____	:	
Plaintiff/Petitioner	:	
	:	
vs.	:	NO.
	:	
_____	:	
Defendant/Respondent	:	

PETITION FOR WAIVER OF COSTS

1. I am the (Plaintiff/Petitioner) (Defendant/Respondent) 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:

(A) NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

(B) EMPLOYMENT:

If you are presently employed, state:

EMPLOYER: _____

ADDRESS: _____

SALARY OR WAGES PER MONTH: _____

TYPE OF WORK: _____

If you are presently unemployed state:

DATE OF LAST EMPLOYMENT: _____

SALARY OR WAGES PER MONTH: _____

TYPE OF WORK: _____

(C) OTHER INCOME WITHIN THE LAST TWELVE MONTHS:

BUSINESS OR PROFESSIONAL: _____

OTHER SELF-EMPLOYMENT: _____

INTEREST: _____

DIVIDENDS: _____

PENSION OR ANNUITIES: _____

SOCIAL SECURITY BENEFITS: _____

SUPPORT PAYMENTS: _____

DISABILITY PAYMENTS: _____

UNEMPLOYMENT COMPENSATION/SUPPLEMENTAL BENEFITS: _____

WORKERS COMPENSATION: _____

PUBLIC ASSISTANCE: _____

OTHER: _____

(D) OTHER CONTRIBUTIONS TO HOUSEHOLD SUPPORT:

HUSBAND/WIFE - NAME: _____

If your (husband/wife) is employed state:

EMPLOYER: _____

SALARY OR WAGES PER MONTH: _____

TYPE OF WORK: _____

CONTRIBUTIONS FROM CHILDREN: _____

CONTRIBUTIONS FROM PARENTS: _____

OTHER CONTRIBUTIONS: _____

(E) PROPERTY OWNED:

CASH: _____

CHECKING ACCOUNT: _____

SAVINGS ACCOUNT: _____

CERTIFICATES OF DEPOSIT: _____

REAL ESTATE (INCLUDING HOME): _____

MOTOR VEHICLE: MAKE: _____ YEAR: _____

COSTS: _____ AMOUNT OWED: _____

STOCKS, BONDS: _____

OTHER: _____

(F) DEBTS AND OBLIGATIONS PER MONTH:

MORTGAGE/RENT: _____

UTILITIES: ELECTRIC: _____ WATER/SEWER: _____

OIL/GAS/COAL: _____ PHONE: _____

CABLE: _____

LOANS: _____

CREDIT CARDS: _____

FOOD: _____ NON FOOD: _____

CHILD SUPPORT: _____

CHILD CARE: _____

TRANSPORTATION COSTS: _____

MEDICAL BILLS: _____

BACK TAXES: _____

MISCELLANEOUS HOUSEHOLD EXPENSES: _____

(G) PERSONS DEPENDENT UPON YOU FOR SUPPORT:
CHILDREN, IF ANY:

NAME: _____ AGE: _____

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

5. I verify that the statements made in this affidavit are true and correct I understand that false statements herein are made subject to penalties of 18 Pa. C.S. Sect 4904, relating to unsworn falsification to authorities.

DATE: _____

SIGNATURE: _____