

# FORMS

## CUSTODY COMPLAINT

*IT IS STRONGLY RECOMMENDED THAT YOU  
CONSULT AN ATTORNEY*

### DISCLAIMER

THE SELF HELP CENTER STAFF AND THE STAFF IN ANY COURT OFFICE ARE UNABLE TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THE PACKETS IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE DAUPHIN COUNTY LAWYER REFERRAL SERVICE AT (717) 232-7536.

Plaintiff (Your Name)		: IN THE COURT OF COMMON PLEAS OF
		: DAUPHIN COUNTY, PENNSYLVANIA
		:
v.		: NO. _____ CV _____ CU
		:
Defendant (Name of All Other People who have Custody Rights)		: CIVIL ACTION
		:
		: IN CUSTODY

**ORDER OF COURT**

AND NOW, upon consideration of the attached Complaint for Custody, it is hereby directed that the parties and their respective counsel appear before the Custody Conference Officer on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, at \_\_\_\_\_ .m. at the Dauphin County Courthouse, 4<sup>th</sup> Floor, Front and Market Streets, Harrisburg, PA for a Custody Conference. At such Conference, an effort will be made to resolve the issues in dispute; or if this cannot be accomplished, to define and narrow the issues to be heard by the Court, and to enter into a Temporary Order. Children should not attend the conference unless requested by the Custody Conference Officer.

For the Court,

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

\_\_\_\_\_  
Custody Conference Officer

**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 FEE OR NO FEE.**

DAUPHIN COUNTY LAWYER REFERRAL SERVICE  
213 North Front Street  
Harrisburg, PA 17101  
(717) 232-7536

## AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Dauphin 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 at (717) 780-6624. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference.

Name: \_\_\_\_\_  
(Your Name)

Address: \_\_\_\_\_  
(Your Address)

City: \_\_\_\_\_, PA Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Your Telephone Number)

Email: \_\_\_\_\_  
(Your Email Address)

_____	:	IN THE COURT OF COMMON PLEAS
Plaintiff (Your Name)	:	DAUPHIN COUNTY, PENNSYLVANIA
	:	
v.	:	NO. _____ CV _____ CU
	:	
_____	:	CIVIL ACTION - LAW
Defendant (Name of All Other People who have Custody Rights)	:	CUSTODY ACTION

**COMPLAINT FOR CUSTODY**

1. The Plaintiff(s) is/are \_\_\_\_\_, residing at \_\_\_\_\_, \_\_\_\_\_ County, PA \_\_\_\_\_.

(Your Name) (Street address) (City) (Zip code)

2. The Defendant(s) is/are \_\_\_\_\_, residing at \_\_\_\_\_, \_\_\_\_\_ County, PA \_\_\_\_\_.

(Name of All Other People Who Have Custody Rights) (Street address) (City) (Zip code)

3(a). Plaintiff seeks **(CIRCLE ONE)** (primary custody) (partial custody) (shared custody) (visitation) of the following child(ren):

<u>Name of Children</u>	<u>Present Residence</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3(b). The child(ren) (was/were) (was not/were not) born out of wedlock. The child(ren) are presently in the custody of \_\_\_\_\_, who resides at \_\_\_\_\_, PA. His or her relationship to the child(ren) is \_\_\_\_\_.

Name of Person

Address

Relationship to Child(ren)

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

List All Persons

List All Addresses

Dates

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3(c). The mother of the child(ren) is \_\_\_\_\_, currently residing at \_\_\_\_\_, PA. She is **(CIRCLE ONE)** (married) (divorced) (single).

Name of Mother

Address of Mother

The father of the child(ren) is \_\_\_\_\_, currently residing at \_\_\_\_\_, PA. He is **(CIRCLE ONE)** (married) (divorced) (single).

Name of Father

Address of Father

4. The relationship of Plaintiff to the child(ren) is that of **(CIRCLE ONE)** (Mother) (Father) (Other): If Other, explain:

\_\_\_\_\_.

The Plaintiff currently resides with the following persons:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. The relationship of Defendant to the child(ren) is that of (**CIRCLE ONE**) (Mother) (Father) (Other): If Other, explain:

\_\_\_\_\_. The Defendant currently resides with the following persons:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_  
\_\_\_\_\_.

6(b). Plaintiff (**CIRCLE ONE**) (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:



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:

Name	Address	Basis of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____

Wherefore, plaintiff requests the court to grant (**CIRCLE ONE**) (primary custody) (partial custody) (shared custody) (visitation) of the child.

I verify that the statements made in the 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 Plaintiff (Your Signature)

\_\_\_\_\_  
Telephone Number of Plaintiff  
(Your Telephone Number)