

PETITION FOR CIVIL CONTEMPT FOR CUSTODY (Beaver County)

Please note that the law librarian, staff of the Beaver County Law Library, staff of the Juvenile Services Division, staff of the Court Administrator's Office and the Judge's Law Clerk are either not qualified nor permitted to assist persons in the preparation or filing of child custody documents or to provide legal advice or assistance of any kind on child custody or any other legal matters.

LITIGANTS ARE STRONGLY ENCOURAGED TO CONSULT WITH AN ATTORNEY. If you need an attorney, you may contact Beaver County Bar Association's Lawyer Referral Service at 724-728-4888 at a reduced rate for the initial consultation.

SUMMARY OF STEPS

Before you go to Court:

1. Complete the forms in **ink**, not pencil. Incomplete forms will be refused. You **must** attach your current Custody Order.
2. If you have not completed the required Educational Seminar, you *may* not be able to take action on your case until doing so. Please verify that a copy of your certificate of completion is on file in the Prothonotary's Office if you have completed the class.
3. When filling out the forms parties must be identified as Plaintiff or Defendant as they are listed on the original custody Complaint, regardless of who is filing the Petition.
4. Photocopy all of the forms (*except the Proof of Service and Acceptance of Service*).
5. **SERVE** the other party a copy of all of the forms along with the Notice of Intention to Present at **least three business days before** you present the Petition to the Judge. **If the other party has an attorney, you must serve the attorney.**
 - a. The date you write on this form is the day you plan to present the documents to the Court. It must be at least 3 business days away and must be a Tuesday or a Thursday.
 - b. Directions on how to serve the other party are attached and are strictly followed. (Rule 440).
6. IN ADDITION TO THE CONTEMPT PETITION, YOU MAY ALSO FILE A MODIFICATION PETITION.
7. Notice to incarcerated parent- If the other parent is presently **incarcerated**, ask library staff for this form and include it with the Petition.
8. Your forms **must** be in **numerical order** when you go to court.
9. If you are representing yourself, you must file an Entry of Appearance as a Self-Represented Party form.

In Court:

10. Take **completed ORIGINAL** forms to Motions Court, Courtroom #4, Second Floor of the Courthouse, **no later than 8:45 a.m. any Tuesday or Thursday** and check in with the tip staff. Late motions will not be heard.
11. A law clerk will review your paperwork for proper completion.
12. The Judge will review the petition, hear testimony, and issue an Order or assign a hearing date, if needed. You will then receive a clocked copy of the Order and the original will be returned to you to file in the Prothonotary's office.

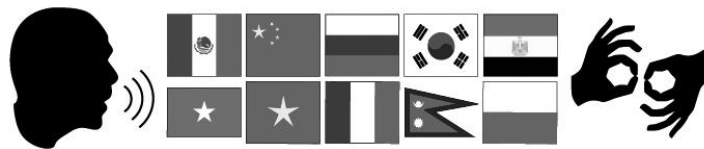
After you leave the Courtroom:

13. **File** the papers in the Prothonotary's Office (1st floor). There will be a filing fee.
14. **Serve** the other party with the Order signed by the Judge if the other party is not present. Service is made pursuant to Pa.R.C.P. No. 440, which is attached.
15. **File** either a Proof of Service or Acceptance of Service Form with the Prothonotary after service has been done if the other party was not present at the proceeding. **MAKE AND KEEP A COPY FOR YOURSELF.**
16. Bring a copy of the Proof of Service or Acceptance of Service that you filed in the Prothonotary's office to **ALL** later hearings, conferences and/or trials.

IMPORTANT INFORMATION

If there is a PFA, you may send the legal paperwork but do **NOT** include any other letters, notes, etc. If it is a true emergency, you may have a family member or friend call or hand deliver copies of the notice. Only in extreme emergencies will the Judge accept oral notice.

Notice of Language Rights



Language Access Coordinator
Beaver County Courthouse, 810 Third Street, Beaver, PA, 15009
724-770-4700
languageaccess@beavercountypa.gov

English: You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information contained in this notice.

Spanish/Español: Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.

ASL interpreters are also available upon request.

**For questions pertaining to the updated *Case Records Public Access Policy of the Unified Judicial System* and the last three pages of this document, please visit:
<https://www.pacourts.us/public-records/public-records-policies>**

**IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
PENNSYLVANIA**

_____ Plaintiff,	:	
	:	
vs.	:	No. _____
	:	
	:	
_____ Defendant.	:	

NOTICE OF INTENTION TO PRESENT

TO: _____

(name & address of the other party)

Please take notice that I intend to present the attached Motion / Petitions on (date)_____ at 8:45 a.m, Courtroom No. 4, Beaver County Courthouse, Beaver, PA. If you wish to oppose the requested relief or action, you should appear at that time and present your objections to the court.

Date _____

Petitioner

CERTIFICATION OF SERVICE

I hereby certify that I have caused to be served a true and correct copy of the attached on the above named defendant at least 3 business days prior to the date of presenting the Motion by way of (check all that apply):

_____	regular mail
_____	certified mail
_____	hand delivery

Plaintiff/ Defendant

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
P E N N S Y L V A N I A

CIVIL DIVISION

_____	:	No. _____
Plaintiff,	:	Civil Action – Law
	:	
vs.	:	Type of Pleading:
	:	Petition for Civil Contempt
	:	
	:	
_____	:	Filed on behalf of:
Defendant.	:	

		(Your Name)
		Filing Party's Information:(Your Name)
		Name:_____
		Address: _____

		Telephone #: _____

**IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
P E N N S Y L V A N I A**

	:	
Plaintiff,	:	
v.	:	No.: _____
	:	
Defendant.	:	

PETITION FOR CIVIL CONTEMPT FOR DISOBEDIENCE OF CUSTODY ORDER

The Petition of (name) _____ respectfully represents:

1. That on _____ Judge _____ entered a Custody Order awarding
Plaintiff / Defendant (check those that apply)
- | | |
|--|---|
| ☐ shared legal custody | ☐ sole legal custody |
| ☐ partial physical custody | ☐ primary physical custody |
| ☐ shared physical custody | ☐ sole physical custody |
| ☐ supervised physical custody | |

of the minor children: _____ (*initials of child(ren)*
ONLY). A true and correct copy of the Order is attached to this Petition.

2. *Plaintiff / Defendant* has willfully failed to abide by the Order because:

3. *Plaintiff / Defendant* has attached the Criminal Record / Abuse History Verification form required pursuant to Pa.R.C.P. 1915.3-2

WHEREFORE, *Plaintiff / Defendant* requests that *Plaintiff / Defendant* be held in contempt of Court.

Plaintiff / Defendant

I AM OVER THE AGE OF 18: YES NO (*circle one*)

VERIFICATION

I, _____, verify that the statements made in this Petition for Civil Contempt are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. Cons. Stat. Ann § 4904, relating to unsworn falsification to authorities which provides that if I knowingly make false averments, I may be subject to criminal penalties.

Plaintiff/ Defendant

Date: _____

INSERT
CURRENT
CUSTODY
ORDER
HERE

**IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
P E N N S Y L V A N I A
CIVIL DIVISION — LAW**

Plaintiff	:	
	:	
vs.	:	No. _____
	:	
Defendant	:	

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

- 1. Participants.** Please list ALL adult members in your/the participant's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Minor(s)

_____ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

Please list ALL members in the opposing party's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Minor(s)

_____ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. § 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

SUBJECT CHILD(REN) – Attach additional sheets if necessary:

Name	Date of Birth

2. Criminal Offenses. As to the following listed Pennsylvania crimes or offenses, or another jurisdiction's substantially equivalent crimes or offenses, check the box next to any applicable crime or offense in which you or a household member:

- has pleaded guilty or no contest;
- has been convicted;
- has charges pending; or
- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301 - 6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or a court has entered an order for limited access, *e.g.*, Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
☐	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2701 (relating to simple assault)	☐	☐	_____	_____

☐	18 Pa.C.S. § 2702 (relating to aggravated assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2705 (relating to recklessly endangering another person)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2706 (relating to terroristic threats)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2709.1 (relating to stalking)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2718 (relating to strangulation)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2901 (relating to kidnapping)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2902 (relating to unlawful restraint)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2903 (relating to false imprisonment)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2904 (relating to interference with custody of children)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2910 (relating to luring a child into a motor vehicle or structure)	☐	☐	_____	_____
☐	18 Pa.C.S. Ch. 30 (relating to human trafficking)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3121 (relating to rape)	☐	☐	_____	_____

☐	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3124.1 (relating to sexual assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3126 (relating to indecent assault)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3127 (relating to indecent exposure)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	☐	☐	_____	_____
☐	18 Pa.C.S. § 3301 (relating to arson and related offenses)	☐	☐	_____	_____
☐	18 Pa.C.S. § 4302 (relating to incest)	☐	☐	_____	_____
☐	18 Pa.C.S. § 4303 (relating to concealing death of child)	☐	☐	_____	_____

☐	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	☐	☐	_____	_____
☐	18 Pa.C.S. § 4305 (relating to dealing in infant children)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5533 (relating to cruelty to animal)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5543 (relating to animal fighting)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5902(b) or (b.1) (relating to prostitution and related offenses)	☐	☐	_____	_____
☐	18 Pa.C.S. § 5903(c) or (d) (relating to obscene and other sexual materials and performances)	☐	☐	_____	_____
☐	18 Pa.C.S. § 6301 (relating to corruption of minors)	☐	☐	_____	_____
☐	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	☐	☐	_____	_____

☐	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	☐	☐	_____	_____
☐	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	☐	☐	_____	_____
☐	Finding of contempt of a Protection from Abuse order or agreement under 23 Pa.C.S. § 6114	☐	☐	_____	_____
☐	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14	☐	☐	_____	_____
☐	Driving under the influence of drugs or alcohol	☐	☐	_____	_____
☐	Manufacture, sale, delivery, holding, offering for sale, or possession of any controlled substance or other drug or device	☐	☐	_____	_____

3. Abuse or Agency Involvement. Check the box next to any statement that applies to you, a household member, or your child.

Check all that apply		Self	Household member	Child
☐	Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction. What jurisdiction?: _____	☐	☐	☐

☐	A determination or finding of abuse (<i>i.e.</i> , indicated or founded report) by a children and youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction. What jurisdiction?: _____	☐	☐	☐
☐	An adjudication of dependency involving this child or any other child under Pennsylvania's Juvenile Act, or a similar law in another jurisdiction. What jurisdiction?: _____ Is the case active? _____	☐	☐	☐
☐	A history of perpetrating "abuse" as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.	☐	☐	☐
☐	A history of perpetrating "sexual violence" or "intimidation" as those terms are defined in 42 Pa.C.S. § 62A03 (relating to Protection of Victims of Sexual Violence and Intimidation).	☐	☐	☐
☐	Other: _____	☐	☐	☐

4. If you checked a box in (2) or (3), list any evaluation, counseling, or other treatment received as a result: _____

5. If you checked a box in (2) or (3) that applies to your household member, who is not a party, state that person's name, date of birth, and relationship to the child. _____

6. If you are aware that the other party or the other party's household member has a criminal record or abuse history, please explain: _____

ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.

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.

Date

Plaintiff/Defendant Signature

Printed Name

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Filer

Printed Name

**IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
P E N N S Y L V A N I A
CIVIL DIVISION — LAW**

Plaintiff	:	
	:	
vs.	:	No. _____
	:	
Defendant	:	

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

- 1. Participants.** Please list ALL adult members in your/the participant's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Minor(s)

_____ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

Please list ALL members in the opposing party's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Minor(s)

_____ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. § 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

SUBJECT CHILD(REN) – Attach additional sheets if necessary:

Name	Date of Birth

2. Criminal Offenses. As to the following listed Pennsylvania crimes or offenses, or another jurisdiction's substantially equivalent crimes or offenses, check the box next to any applicable crime or offense in which you or a household member:

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- has been convicted;
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- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301 - 6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or a court has entered an order for limited access, *e.g.*, Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
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☐	18 Pa.C.S. § 2705 (relating to recklessly endangering another person)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2706 (relating to terroristic threats)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2709.1 (relating to stalking)	☐	☐	_____	_____
☐	18 Pa.C.S. § 2718 (relating to strangulation)	☐	☐	_____	_____
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☐	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	☐	☐	_____	_____
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☐	Driving under the influence of drugs or alcohol	☐	☐	_____	_____
☐	Manufacture, sale, delivery, holding, offering for sale, or possession of any controlled substance or other drug or device	☐	☐	_____	_____

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☐	A determination or finding of abuse (<i>i.e.</i> , indicated or founded report) by a children and youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction. What jurisdiction?: _____	☐	☐	☐
☐	An adjudication of dependency involving this child or any other child under Pennsylvania's Juvenile Act, or a similar law in another jurisdiction. What jurisdiction?: _____ Is the case active? _____	☐	☐	☐
☐	A history of perpetrating "abuse" as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.	☐	☐	☐
☐	A history of perpetrating "sexual violence" or "intimidation" as those terms are defined in 42 Pa.C.S. § 62A03 (relating to Protection of Victims of Sexual Violence and Intimidation).	☐	☐	☐
☐	Other: _____	☐	☐	☐

4. If you checked a box in (2) or (3), list any evaluation, counseling, or other treatment received as a result: _____

5. If you checked a box in (2) or (3) that applies to your household member, who is not a party, state that person's name, date of birth, and relationship to the child. _____

6. If you are aware that the other party or the other party's household member has a criminal record or abuse history, please explain: _____

ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.

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.

Date

Plaintiff/Defendant Signature

Printed Name

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Filer

Printed Name

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
PENNSYLVANIA

_____	:	
Plaintiff,	:	
	:	
vs.	:	No. _____
	:	
_____	:	
Defendant.	:	

PROOF OF SERVICE

I _____ (*your name*), hereby certify that I delivered a copy of the
(*name of document*) _____ to
_____ (*name of party*) on _____ (*date*),
at _____ o'clock p.m./a.m. Delivery was made by (check all that apply):

_____ regular mail
_____ certified mail
_____ hand delivery

DATE

PLAINTIFF/ DEFENDANT

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY
PENNSYLVANIA

_____	:	
Plaintiff,	:	
	:	
vs.	:	No. _____
	:	
_____	:	
Defendant.	:	

ACCEPTANCE OF SERVICE

I accept service of the _____ (*name of document*). I certify that I am authorized to accept service on behalf of plaintiff/defendant.

DATE

PLAINITFF/DEFENDANT OR AUTHORIZED AGENT

MAILING ADDRESS

Note: If Plaintiff/Defendant accepts service personally, the second sentence should be deleted.

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY,
PENNSYLVANIA

Plaintiff
vs. No. _____

Defendant

NOTICE AND ORDER TO APPEAR

Legal proceedings have been brought against you alleging you have willfully disobeyed an order of court for custody.

If you wish to defend against the claim set forth in the following pages, you may but are not required to file in writing with the court your defenses or objections.

Whether or not you file in writing with the court your defenses or objections, you must appear in person at _____,
Beaver, PA 15009 on (date)_____ at (time)_____.
(date & time assigned by the court)

IF YOU DO NOT APPEAR IN PERSON, THE COURT MAY ISSUE A WARRANT FOR YOUR ARREST.

If the court finds that you have willfully failed to comply with its order, you may be found to be in contempt of court and committed to jail, fined or both or be subject to additional sanctions including loss of custody time, attorney's fees, and/or costs.

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.

Lawyer Referral Service
788 Turnpike Street
Beaver, PA 15009
(724) 728-4888
<http://bcba-pa.org/lawyer-referral-service/>

BY THE COURT

JUDGE
(signed by the Court)

CERTIFICATE OF COMPLIANCE

RE: ACCESS TO COURT CASE RECORDS

CASE NO._____

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by:_____

Signature:_____

Name:_____

Attorney No. (if applicable):_____

Rev. 02/22/18

Pa.R.C.P. No. 440

Rule 440. Service of Legal Papers other than Original Process

(a)(1) Copies of all legal papers other than original process filed in an action or served upon any party to an action shall be served upon every other party to the action. Service shall be made:

(i) by handing or mailing a copy to or leaving a copy for each party at the address of the party's attorney of record endorsed on an appearance or prior pleading of the party, or at such other address as a party may agree, or

(ii) by transmitting a copy by facsimile to the party's attorney of record as provided by subdivision (d).

(2)(i) If there is no attorney of record, service shall be made by handing a copy to the party or by mailing a copy to or leaving a copy for the party at the address endorsed on an appearance or prior pleading or the residence or place of business of the party, or by transmitting a copy by facsimile as provided by subdivision (d).

(ii) If such service cannot be made, service shall be made by leaving a copy at or mailing a copy to the last known address of the party to be served.

(b) Service by mail of legal papers other than original process is complete upon mailing.

(c) If service of legal papers other than original process is to be made by the sheriff, he shall notify by ordinary mail the party requesting service to be made that service has or has not been made upon a named party or person.

(d)(1) A copy may be served by facsimile transmission if the parties agree thereto or if a telephone number for facsimile transmission is included on an appearance or prior legal paper filed with the court.

(2) The copy served shall begin with a facsimile cover sheet containing (i) the name, firm, address, telephone number, of both the party making service and the party served, (ii) the facsimile telephone number of the party making service and the facsimile telephone number to which the copy was transmitted, (iii) the title of the legal paper served and (iv) the number of pages transmitted.

(3) Service is complete when transmission is confirmed as complete.

CONFIDENTIAL INFORMATION FORM



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania
204 Pa. Code § 213.81
www.pacourts.us/public-records

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ _____ (full name of minor) and date of birth: _____	Social Security Number (SSN): _____ Financial Account Number (FAN): _____ Driver License Number (DLN): _____ State of Issuance: _____ State Identification Number (SID): _____	Alternative Reference: SSN 1 Alternative Reference: FAN 1 Alternative Reference: DLN 1 Alternative Reference: SID 1
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ _____ (full name of minor) and date of birth: _____	Social Security Number (SSN): _____ Financial Account Number (FAN): _____ Driver License Number (DLN): _____ State of Issuance: _____ State Identification Number (SID): _____	Alternative Reference: SSN 2 Alternative Reference: FAN 2 Alternative Reference: DLN 2 Alternative Reference: SID 2

**CONFIDENTIAL
INFORMATION
FORM**



Additional page(s) attached. _____ total pages are attached to this filing.

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.

**CONFIDENTIAL
INFORMATION
FORM**



*Additional page (if
necessary)*

This Information Pertains to:	Confidential Information:	References in Filing:
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and the full name of _____ _____ (full name of minor) and date of birth: _____	Social Security Number (SSN): _____ Financial Account Number (FAN): _____ Driver License Number (DLN): _____ State of Issuance: _____ State Identification Number (SID): _____	Alternative Reference: SSN _____ Alternative Reference: FAN _____ Alternative Reference: DLN _____ Alternative Reference: SID _____
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