

PETITION FOR SPECIAL RELIEF FOR CUSTODY (Beaver County)

Special Relief is another motion requesting relief that is not available through the normal Custody Complaint, Petition to Modify or Petition for Contempt. ***Any non-emergency motion that is presented without complying with the three (3) day notice requirement will be rejected.***

IN ADDITION TO THE SPECIAL RELIEF PETITION, IT MAY BE NECESSARY TO FILE ---

- a custody complaint if you **DO NOT** have an existing Custody order
- a modification petition if you **DO** have an existing Custody order

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 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 SPECIAL RELIEF PETITION, YOU MUST ALSO FILE ---**
 - a custody complaint if you **DO NOT** have an existing Custody order
 - a modification petition if you **DO** have an existing Custody order
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 need to complete 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., in 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 _____

Plaintiff/ Defendant

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 Special Relief
	:	
_____	:	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, PENNSYLVANIA
CIVIL ACTION-LAW

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

SPECIAL RELIEF PETITION FOR CUSTODY

1. Plaintiff/ Defendant is _____, and is the (circle one) mother/father of the child(ren) (initials of children only): _____. Plaintiff/ Defendant is the (circle one) plaintiff/defendant in this case; Plaintiff/Defendant currently resides at (give full address): _____, Pennsylvania.

2. Plaintiff/ Defendant is _____, and is the (circle one) mother/father of the child(ren) (initials of children): _____. Plaintiff/ Defendant is the (circle one) plaintiff/defendant in the above-captioned matter; Plaintiff/Defendant currently resides at (give full address): _____, Pennsylvania.

3. The child(ren):

(a) initials _____ birth year_____, presently resides with _____ at (give full address): _____.

(b) initials _____ birth year_____, presently resides with _____ at (give full address): _____.

(give full address): _____.

5. Special Relief is necessary because:

[illegible]

Plaintiff/ Defendant's Signature

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VERIFICATION

I, _____, verify that the statements made in this Petition Special Relief 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
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 defendant.

DATE

PLAINTIFF/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
CIVIL – LAW

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

ORDER

AND NOW, this ____ day of _____, 20____, upon consideration of the
Petition for Special Relief filed by the _____, it is hereby

ORDERED and DECREED as follows: (Judge will list relief granted in this space):

BY THE COURT,

JUDGE

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

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

Plaintiff

vs.

No. _____

Defendant

ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY
PURSUANT TO Pa.R.C.P. No. 1930.8

I, the ☐ Plaintiff ☐ Defendant in the above-captioned **(check only one box)** ☐ custody, ☐ divorce, ☐ support,
☐ protection from abuse, ☐ paternity case, represent myself.

(If Applicable) REMOVAL OR WITHDRAWAL OF ATTORNEY OF RECORD
(check only one box)

☐ Remove (Name of Attorney) _____, Esq. as my attorney of record.

--OR--

☐ Withdraw my appearance for the filing party. *(To be completed by your attorney)*

	Esq. (Print name)	ID # _____
	Attorney's Signature	Date: _____

I understand that I am under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

All pleadings and legal papers can be served on me at the address listed below, which may or may not be my home address pursuant to Rule 1930.8:

Print Name

Email address

Signature

Telephone number

Address

City, State, Zip Code

Date

THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS, INCLUDING THE ATTORNEY REMOVED FROM THE CASE.

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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_____ (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 _____