

Instructions for:

Notice of Proposed Relocation and Counter-Affidavit

Pursuant to 23 Pa.C.S.A. § 5337

ATTENTION – THERE ARE **TWO** FORMS IN THIS PACKET
THAT MUST BE COMPLETED.

Use these forms if you have a custody case, fill out both forms with completed information. Check County Local Rules, you may contact the Beaver County Bar Association for the Lawyer Referral Service (724) 728 – 4888.

When you have completed the attached Notice of Relocation and Counter-Affidavit, make three copies;

- 1. BY CERTIFIED MAIL SEND ONE COPY OF THE COMPLETED NOTICE OF PROPOSED RELOCATION AND A BLANK COUNTER-AFFIDAVIT TO THE OTHER PARENT.**
- 2. FILE THE ORIGINAL NOTICE OF PROPOSED RELOCATION AND THE BLANK COUNTER-AFFIDAVIT WITH PROTHONOTARY OF BEAVER COUNTY.**
- 3. DELIVER ONE COPY OF THE NOTICE OF PROPOSED RELOCATION AND THE COUNTER-AFFIDAVIT TO THE COURT ADMINISTRATION OFFICE AT THE BEAVER COUNTY COURTHOUSE, SECOND FLOOR.**

NOTE: KEEP A COPY OF BOTH FORMS FOR YOURSELF.

PLAINTIFF

V.

NOTICE OF PROPOSED RELOCATION

Child: _____

Address of the proposed new residence:

2

Mailing address of intended new residence (if not the same as above):

☐ Check here if the address is confidential pursuant to 23 Pa.C.S. §5336(b).

Names and ages of the individuals who intend to reside at the new residence:

Name	Age

☐ Check here if the information is confidential pursuant to 23 Pa.C.S. §5336(b) OR (c)

Home telephone number of the new residence:

☐ Check here if the information is confidential pursuant to 23 Pa.C.S. §5336(b) or (c).

Name of the new school district and school the child(ren) will attend after relocation:

☐ Check here if the information is confidential pursuant to 23 Pa.C.S. §5336(b) or (c).

Date of the proposed relocation:

☐ Check here if the information is confidential pursuant to 23 Pa.C.S. §5336(b) or (c).

Reasons for the proposed relocation:

☐ Check here if the information is confidential pursuant to 23 Pa.C.S. §5336(b) of (c).

Proposed modification of custody schedule following relocation:

Other information:

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. 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.

**Lawyer Referral Service
788 Turnpike Street
Beaver, PA 15009
(724) 728 - 4888**

<http://bcba-pa.org/lawyer-referral-service/>

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

PLAINTIFF

Case No. _____

v.

DEFENDANT

COUNTER-AFFIDAVIT REGARDING RELOCATION

This proposal of relocation involves the following child/children:

Child's Name: _____

Date of Birth: _____

Currently residing at: _____

Child's Name: _____

Date of Birth: _____

Currently residing at: _____

Child's Name: _____

Date of Birth: _____

Currently residing at: _____

I have received a notice of proposed relocation and *(check all that apply)*:

1. ☐ I do not object to the relocation.
2. ☐ I do not object to the modification of the custody order consistent with the proposal for revised custody schedule as attached to the notice.
3. ☐ I do not object to the relocation, but I do object to the modification of the custody order.
4. ☐ I plan to request that a hearing be scheduled by filing a request for hearing with the court:
 - a. ☐ Prior to allowing _____ (name of child/children) to relocate.
 - b. ☐ After the child/children relocate.
5. ☐ I do object to the relocation.
6. ☐ I do object to the modification of the custody order.

I understand that in addition check (2) or (3) above, I must also serve this counter-affidavit on the other party by certified mail, return receipt requested, addressee only, or pursuant to Pa.R.C.P. No. 1930.4, and, if there is an existing custody case, I must file this counter-affidavit with the court. If I fail to do so within 30 days of my receipt of the proposed relocation notice, I understand that I will not be able to object to the relocation at a later time. I verify that the statements made in this counter-affidavit 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

CERTIFICATE OF READINESS

NO. _____ OF _____

VS.

TYPE OF CASE: (Check one that applies)

☐ CIVIL ACTION THE NATURE OF WHICH IS
☐ EQUITY ☐ CUSTODY
☐ APPEAL FROM ARBITRATION
☐ OTHER

TO THE HONORABLE JUDGES OF SAID COURT:

The undersigned hereby certifies that the above entitled case is ready for trial. This certification means that all pleadings are closed, all discovery has been completed, all medical or other expert reports have been exchanged, all parties and witnesses are available and settlement negotiations have been exhausted.

A jury trial (has) (has not) been demanded in the pleadings. (Jury) (Non-Jury) (arbitration) trial is requested. Estimated trial time is _____ (Hours) (Days).

There (is) (is not) a companion case filed at Case No. _____ of 20 _____.

This case was previously assigned to Judge _____ for disposition of other matters including _____.

The following is a current listing of each party and counsel for that party:

NAME OF PARTY	PLTF/DEFT/ADD.DEFT	NAME OF COUNSEL:

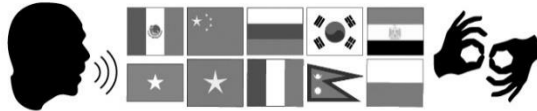
At least 60 days written notice of intention to file this Certificate of Readiness has been given to each of the foregoing persons, pursuant to Local Rule L.212.1(B) (2).

Printed Name and Signature of Counsel

DATED:

NOTE: YOU ARE REQUIRED TO MAIL A COPY OF THIS CERTIFICATE OF READINESS FOR TRIAL TO ALL PARTIES OR THEIR COUNSEL AND TO THE COURT ADMINISTRATOR.

Revised 9-03



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 provided at the top of 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.

Mandarin/Cantonese Simplified Chinese/普通话/粵語簡體中文: 您有权获得免费的口译员服务。若需要口译员，请使用本通知上方提供的联系信息通知法院工作人员。

Mandarin/Cantonese Traditional Chinese/普通話/廣東話繁體中文: 您有權要求免費傳譯服務。如欲要求傳譯服務，請參閱本通知頂部的聯絡資料，通知法庭職員。

العربية/Arabic: يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. لطلب مترجم، يُرجى إعلام موظفي المحكمة باستخدام معلومات الاتصال المقدمة في الجزء العلوي من هذا الإشعار.

Russian/Русский: У вас есть право на бесплатные услуги переводчика. Заявка на переводчика подается в суд по адресу, телефону или эл. почте, указанным выше в заголовке этого уведомления.

Vietnamese/Tiếng Việt: Quý vị có quyền được một thông dịch viên giúp mà không tốn chi phí nào cả, xin hãy báo cho nhân viên tòa án dùng thông tin liên lạc có ở trên đầu thông báo này.

Nepali/नेपाली: तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न, यस सूचनाको माथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

Korean/한국어: 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알리십시오.

Polish/Polski: Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

Pakistan/پنجابی/Punjabi: تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میربانی کر کے ایس نوٹس دے اوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔

Punjabi/ਪੰਜਾਬੀ/India: ਤੁਹਾਨੂੰ ਇੱਕ ਦੁਬਾਸੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਬਾਸੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਦਿੱਤੀ ਸੰਪਰਕ ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

Portuguese/Português: Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

Somali/Somaali: Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

Haitian Creole/Kreyòl Ayisyen: Ou gen dwa resevwa sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsone! tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt av! sa a.

French/Français: Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.

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