



# **WASHINGTON COUNTY COURT OF COMMON PLEAS PRO SE CUSTODY PACKET**

## **NOTICE**

**ALL PARTIES INVOLVED IN LITIGATION ARE STRONGLY ENCOURAGED TO SEEK PROFESSIONAL LEGAL ADVICE FROM AN ATTORNEY.** Court staff cannot offer any legal advice. The information in this packet 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 hire an attorney and do not know one, you should call the Bar Association's Lawyer Referral Service (LRS) at 724-225-6710 to schedule a half-hour consultation with a licensed, insured attorney who has experience in the area of law related to your legal matter. The initial half-hour consultation with the attorney is \$50.00 to be paid in advance to the Bar Association; any fees beyond the first half-hour should be discussed and agreed upon by you and the lawyer.

If you meet certain income and other qualifications, you may be able to secure an attorney through Southwestern PA Legal Services at 724-225-6170. Ask if you are eligible for the Bar Association/Bar Foundation "Limited Representation Custody Program," and, if so, you may be referred to an attorney who will represent you at no cost at the initial custody meeting.

If you have questions about domestic violence or believe that you may be the victim of domestic violence, we strongly recommend that you contact the *Washington County Domestic Violence Services* at 724-223-8349.

If you suspect child abuse, please contact *CHILDLINE* at 1-800-932-0313. You can report suspected child abuse 24 hours per day and remain anonymous.

# PETITION FOR MODIFICATION OF EXISTING CUSTODY ORDER

*A copy of your current Custody Order must be attached to your Petition.*

Until the child(ren) is 18 years old, custody can be litigated and changed. As circumstances and relationships change, you may think the order in effect now is not in the child(ren)'s best interest. If you are unable to reach an agreement with the other party concerning a change in the current order, you can request a modification.

## SUMMARY OF STEPS

1. Complete the Petition for Modification in BLUE ink, not pencil. Incomplete forms may be refused. You **must** attach a copy of your current Custody Order.
2. Take your Petition for Modification to the Prothonotary's Office (1<sup>st</sup> floor) and pay the **filing fee of \$185.00** (cash or money order **ONLY**). They will hand you a receipt.
3. Bring your Petition for Modification along with two (2) copies and your filing Receipt to the Custody Office to have your scheduling order filled out and taken to the Judge. **\*\*YOU MUST BRING COPIES WITH YOU, NONE WILL BE FURNISHED\*\***
4. Once you pick up the Petition from the Custody Office you will then file it with the Prothonotary.
5. Serve the other party with a filed copy of the Petition for Modification, Criminal Record/Abuse History Verification, Parent Plan and Custody Education Program information.
6. File an Affidavit of Service with the Prothonotary once service has been made.
7. Complete the Washington County Parent Plan and the Custody Education Program. Return your completed paperwork to the Custody Office at least ten (10) days prior to your scheduled pre-custody modification meeting.
8. Attend the meeting. Children need not be present for the one hour meeting.

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

CIVIL DIVISION

_____	:	No. _____
Plaintiff,	:	
	:	
vs.	:	Type of Pleading:
	:	<b>Petition for Modification</b>
	:	
_____	:	Filed on behalf of:
Defendant.	:	
	:	_____
		(Your Name)

Filing Party's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____	}	
	}	
Plaintiff,	}	
	}	
Vs.	}	No. _____
	}	
_____	}	
	}	
Defendant.	}	

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

I, \_\_\_\_\_, the Plaintiff or Defendant (circle one), represent myself in the within action.

REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (If Applicable)

\_\_\_\_\_ Remove \_\_\_\_\_, Esquire, as my attorney of record.

\_\_\_\_\_ Withdraw my appearance for the filing party.

\_\_\_\_\_, Esq. PA ID # \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Attorney's Signature

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:

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

\_\_\_\_\_  
Signature of Plaintiff or Defendant

\_\_\_\_\_  
Print Name, Address and Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.**

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA  
CIVIL DIVISION

\_\_\_\_\_, )  
 )  
Plaintiff, )  
 )  
vs. ) No.: \_\_\_\_\_  
 )  
\_\_\_\_\_, )  
 )  
Defendant. )

**NOTICE AND ORDER TO APPEAR**

You, \_\_\_\_\_, plaintiff/defendant, have been sued in court to obtain (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the child(ren): \_\_\_\_\_

You are ORDERED to appear in person at the Family Court Center, 29 West Cherry Avenue, Washington, Pennsylvania, 15301, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ .M., for a Pre-Custody Conciliation Meeting with \_\_\_\_\_, Esquire, Child Custody Conference Officer.

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

***Pursuant to Local Rule 1915.4, all parties to the action are ordered to attend the mandatory parenting program prior to the Pre-Custody Conciliation Meeting. Failure of a party to attend the parenting program will result in sanctions against the party up to and including being prohibited from proffering evidence in the Meeting or Conference, or being held in contempt by the Court.***

You must file with the court a verification regarding any criminal record or abuse history regarding you and anyone living in your household on or before the initial in-person contact with the court (including, but not limited to, a conference with a conference officer or judge or conciliation) but not later than thirty (30) days after service of the complaint or petition.

No party may make a change in the residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all of the applicable provisions of 23 Pa.C.S. §5337 and Pa.R.C.P. No. 1915.17 regarding relocation.

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 OFFICES SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

IF YOU CANNOT AFFORD AN ATTORNEY:

SOUTHWESTERN PA LEGAL SERVICES  
10 WEST CHERRY AVENUE  
WASHINGTON, PA 15301  
724.225.6170

IF YOU CAN AFFORD AN ATTORNEY:

LAWYER REFERRAL SERVICE  
119 SOUTH COLLEGE STREET  
WASHINGTON, PA 15301  
724.225.6710

**AMERICANS WITH DISABILITIES ACT OF 1990**

The Court of Common Pleas of Washington County, Pennsylvania 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 72 hours prior to any hearing.

**BY THE COURT:**

**DATE:** \_\_\_\_\_

\_\_\_\_\_, J

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA  
CIVIL DIVISION

\_\_\_\_\_, )  
 )  
Plaintiff, )  
 )  
vs. ) No. \_\_\_\_\_ )  
 )  
 )  
\_\_\_\_\_, )  
 )  
Defendant. )

**PETITION FOR MODIFICATION OF A CUSTODY ORDER**

1. Petitioner is \_\_\_\_\_ and resides at \_\_\_\_\_  
\_\_\_\_\_  
(Street) (City) (State) (Zip Code) (County)

2. Respondent is \_\_\_\_\_ and resides at \_\_\_\_\_  
\_\_\_\_\_  
(Street) (City) (State) (Zip Code) (County)

3. Petitioner \_\_\_\_\_ respectfully represents that on \_\_\_\_\_, 20\_\_ an Order of Court was entered for ( )shared legal custody ( )sole legal custody ( )partial physical custody ( )primary physical custody ( )shared physical custody ( )sole physical custody ( )supervised physical custody. A true and correct copy of the Order is attached.

4. This order should be modified because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Petitioner has attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No. 1915.3-2.

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

\_\_\_\_\_  
(Attorney for Petitioner) or Petitioner signature

\_\_\_\_\_  
Phone Number

**VERIFICATION**

I verify that the statements made in this petition 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: \_\_\_\_\_

\_\_\_\_\_  
Petitioner



IN THE COURT OF COMMON PLEAS, WASHINGTON COUNTY, PENNSYLVANIA  
CIVIL DIVISION

\_\_\_\_\_, )  
 )  
Plaintiff, )  
 )  
vs. ) No. \_\_\_\_\_ )  
 )  
\_\_\_\_\_, )  
 )  
Defendant. )

**NOTICE**

You are being served with original process in a domestic relations matter, and a proceeding has been, or may be scheduled, which could affect your rights. In the event a proceeding has been scheduled, you will be served with notice of the proceeding. If you are incarcerated and want to testify or present evidence, you must apply to the court for a writ of habeas corpus ad testificandum to enable you to participate in the proceeding. The writ is available where an incarcerated individual wishes to testify as provided by statute or rule, as well as where the testimony is sought by another.

**IF YOU FAIL TO APPLY TO THE COURT FOR A WRIT, YOU MAY BE UNABLE TO PARTICIPATE IN ANY PROCEEDINGS WHILE INCARCERATED.**

IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA

CIVIL DIVISION

_____	}	
	}	
Plaintiff,	}	
	}	
Vs.	}	No. _____
	}	
_____	}	
	}	
Defendant.	}	

**CRIMINAL RECORD/ABUSE HISTORY VERIFICATION**

I, \_\_\_\_\_, hereby swear or affirm, subject to penalties of law including 18 Pa.C.S. §4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the box next to a listed crime or offense, neither I nor a member of my household has been convicted, pled guilty, pled no contest, or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. §6307, to any of the following crimes or offenses in Pennsylvania or a substantially equivalent crime or offense in another state, including pending charges:

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2706 (relating terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Revised: October 1, 2019

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. §2902 (relating unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Revised: October 1, 2019

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. §4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	23 Pa.C.S. §6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	42 Pa.C.S. §62A14 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Revised: October 1, 2019

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

2. Unless indicated by my checking the box next to an item below, neither I nor any other member of my household have a history of violent or abusive conduct or involvement with a Children & Youth Agency including the following:

Check all that apply	Self	A household member	Child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A finding of abuse by a Children & Youth Or similar agency in Pennsylvania or similar agency in another state. Where? _____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement with Children & Youth or similar Agency in Pennsylvania or another jurisdiction. Where? _____			

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse: \_\_\_\_\_  
 \_\_\_\_\_

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child. \_\_\_\_\_  
 \_\_\_\_\_

5. If you are aware that the other party or members of the other party's household has or have a criminal record/abuse history, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Printed Name

