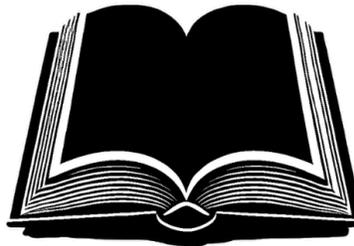


JUDGE HENRY S. KENDERDINE JR. COURT SELF-HELP CENTER

2004 - 2024  
20  
YEARS

HOW TO FILE FOR:  
**CUSTODY – SPECIAL RELIEF**



**DISCLAIMER BY THE COURT OF COMMON PLEAS  
OF LANCASTER COUNTY, PENNSYLVANIA**

Neither the staff in the Center nor the staff in any Court office will be able to give you legal advice or help you fill out/complete the forms. 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 WOULD LIKE INFORMATION ON HOW TO HIRE AN ATTORNEY, CALL  
LANCASTER BAR ASSOCIATION'S LAWYER REFERRAL SERVICE AT (717) 393-0737.**

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## INTRODUCTION: CUSTODY - SPECIAL RELIEF

**THIS PACKET CONTAINS FORMS AND INFORMATION TO HELP YOU REQUEST SPECIAL CUSTODY RELIEF. THIS SHOULD ONLY BE USED FOR TEMPORARY RELIEF IN THE EVENT OF AN EMERGENCY.**

### VALID EXAMPLES OF SPECIAL RELIEF

- Your child is in danger, and custody must be changed to protect them from harm.
- You learn that the other parent / party has been charged with, convicted of, or pled guilty or no contest to, a crime or abuse filing listed on the Criminal Record Abuse History Verification (Form CSR-05).
- Your child has a medical or mental health emergency, and you and the other parent / party cannot agree on what to do.
- You believe the other parent / party is keeping your child from you or from school.
- You have a one-time request that the other parent / party change the terms of a court ordered vacation, holiday, or weekend schedule, **AND AFTER YOU ASK THEM**, the other parent / party will not agree. **IF YOU WANT TO CHANGE A FINAL CUSTODY ORDER, YOU SHOULD FILE A PETITION FOR MODIFICATION.**
- You want to change the date of an imminent custody conference or hearing, **AND AFTER YOU ASK THEM**, the other parent / party will not agree.

CLAIMS THAT THE CHILD PREFERS ONE PARENT / PARTY OVER THE OTHER, OR THE CHILD IS HAPPIER AT ONE PARENT'S / PARTY'S HOME OVER THE OTHER, **ARE NOT** GENERALLY ENTITLED TO SPECIAL RELIEF AND SHOULD BE HANDLED WITH **A PETITION FOR MODIFICATION**.

- IF YOU WANT TO START A CUSTODY CASE BECAUSE YOU DO NOT HAVE ONE, YOU WILL NEED TO FILE THE **CUSTODY (INITIAL FILINGS) PACKET**.
- IF YOU HAVE A CURRENT CUSTODY ORDER AND THE OTHER PARENT IS NOT FOLLOWING IT, YOU WILL NEED TO FILE THE **CUSTODY CONTEMPT PACKET**.
- IF YOU HAVE A CURRENT CUSTODY ORDER AND YOU WANT TO RELOCATE WITH YOUR CHILD(REN), YOU WILL NEED TO FILE THE **CUSTODY RELOCATION PACKET**.
- IF YOU CANNOT AFFORD TO PAY THE FILING FEES AND WOULD LIKE TO ASK THE COURT TO WAIVE THEM, YOU WILL NEED TO FILE THE **IN FORMA PAUPERIS PETITION PACKET**.

**UNDER PENNSYLVANIA LAW, ONLY ATTORNEYS MAY GIVE ADVICE ABOUT YOUR SPECIFIC CASE.**

**IF YOU WOULD LIKE INFORMATION ON HOW TO HIRE AN ATTORNEY,  
CALL LANCASTER BAR ASSOCIATION'S LAWYER REFERRAL SERVICE AT (717) 393-0737.**

When you file for something without an attorney, this is called *pro se* filing. If you choose to represent yourself *pro se*, Pennsylvania law requires that you follow the same rules as a fully trained attorney. This means that:

- You must follow all federal, state, and local laws and regulations
- You may not skip steps in the process because you did not know about them
- You may not speak directly to the Judges or Conference Officers outside of court
- You may not send letters or emails to the Judges or Conference Officers outside of filed paperwork
- You will not be coached or guided by the Judges, Conference Officers, or any other court or court-adjacent staff on how to move your case forward, nor will you be advised on the best, fastest, or most correct way to fix any mistakes you may make.

## **THE SPECIAL RELIEF PROCESS**

There are five steps to the special relief process. The packet provides the forms you need and instructions on how to complete them.

**STEP 1:**      **Read this entire packet.**

**STEP 2:**      Fill out the forms and make copies.

**STEP 3:**      Send one copy of your petition to the other parent / party. Make sure they receive it **AT LEAST FIVE (5) CALENDAR DAYS BEFORE YOUR CHOSEN HEARING DATE**. If they are represented by an attorney, you **must** send the copy to the attorney.

**STEP 4:**      File your original petition, copies, and envelopes with the Prothonotary's Office.

**STEP 5:**      Attend your hearing and present your petition to the judge, who will make a decision.

## CHECKLIST: CUSTODY – SPECIAL RELIEF

This checklist will help you track your progress in completing your custody special relief petition. The list is designed to be completed in numerical order.

- \_\_\_ 1. Read this entire packet.
- \_\_\_ 2. Complete the following forms:
  - Form CSR-01 – Order for Special Custody Relief
  - Form CSR-02 – Notice of Intention to Present
  - Form CSR-03 – Petition for Custody Relief
  - Form CSR-04 – Certificate of Service
  - Form CSR-05 – Criminal Record Abuse History Verification
- \_\_\_ 3. Make copies of everything (typically you need one original + 4 copies)
- \_\_\_ 4. Send one copy of your papers to the other parent / party. Make sure they receive them **AT LEAST FIVE (5) CALENDAR DAYS BEFORE YOUR CHOSEN HEARING DATE**. If they are represented by an attorney, you **must** send the copies to the attorney
- \_\_\_ 5. Prepare 2 stamped envelopes, one addressed to you, one addressed to the other parent / party. If they are represented by an attorney, you **must** address it to their attorney
- \_\_\_ 6. File your original petition, copies, and envelopes with the Prothonotary's office.
- \_\_\_ 7. Attend your hearing and present your motion to the judge, who will make a decision.

## FORMS: CUSTODY – SPECIAL RELIEF

| <b>CSR-</b> | <b>NAME OF FORM</b>                        |
|-------------|--------------------------------------------|
| <b>01</b>   | ORDER FOR SPECIAL CUSTODY RELIEF           |
| <b>02</b>   | NOTICE OF INTENTION TO PRESENT             |
| <b>03</b>   | PETITION FOR SPECIAL CUSTODY RELIEF        |
| <b>04</b>   | CERTIFICATE OF SERVICE                     |
| <b>05</b>   | CRIMINAL RECORD ABUSE HISTORY VERIFICATION |
| <b>06</b>   | LCCCP FAMILY BUSINESS COURT SCHEDULE       |

# **INSTRUCTIONS TO COMPLETE FORMS: SPECIAL RELIEF**

## 1. **FORM CSR-01 – ORDER FOR SPECIAL CUSTODY RELIEF**

- Fill out the caption at the top and leave the rest of the form blank.

## 2. **FORM CSR-02 – NOTICE OF INTENTION TO PRESENT**

- See FORM CSR-06 - LCCCP FAMILY BUSINESS COURT SCHEDULE, to find your assigned judge's weekly hearing date and time.

**REMEMBER, the petition must be filed with the Prothonotary, and sent to the other party / parent, at least FIVE (5) CALENDAR DAYS BEFORE YOU PRESENT IT TO THE JUDGE, so choose a date at least a week in the future.**

See 1 Pa.C.S. § 1908, Computation of Time, for more information.

- Fill out the entire form, including the other party / parent's name, your assigned judge, and chosen hearing time, then sign, and date at the bottom.

## 3. **FORM CSR-03 – PETITION FOR SPECIAL CUSTODY RELIEF**

- **REMEMBER, ONLY USE INITIALS AND AGES TO IDENTIFY CHILDREN, NOT DATES OF BIRTH.** Confidential information like names of children, dates of birth, drivers' license numbers, and other identifiers should be put on the **Confidential Information Form**, pursuant to Case Records Public Access Policy of the Unified Judicial System of Pennsylvania, 204 Pa. Code § 213.81.
- Fill out the entire form, then sign and print your name on page 4.
- Sign and print your name and the date on the verification on page 5.

## 4. **FORM CSR-04 – CERTIFICATE OF SERVICE**

- Fill out the caption at the top, then insert the relevant information about the date and time you sent the paperwork (See [Checklist #4](#)) to the other party.
- Sign, print your name, and date the form at the bottom.

## 5. **FORM CSR-05 – CRIMINAL RECORD ABUSE HISTORY VERIFICATION**

**THERE ARE TWO (2) COPIES OF THIS FORM IN THIS PACKET.**

**ONE IS FOR YOU TO COMPLETE. THE OTHER IS TO BE SENT -- BLANK -- TO THE OTHER PARENT / PARTY FOR THEM TO COMPLETE.**

- Fill out the caption at the top, then answer all questions.
- On the last page, date, sign, and print your name.

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA  
CIVIL ACTION - LAW

\_\_\_\_\_  
Plaintiff  
vs.  
\_\_\_\_\_  
Defendant

No. CI –  
CUSTODY

**ORDER FOR SPECIAL CUSTODY RELIEF**

**AND NOW**, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
after presentation in Family Business Court of the Petition for Special Relief filed on  
\_\_\_\_\_, the Court finds the request for special relief is **GRANTED / DENIED**.

Therefore, it is **ORDERED** that:

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

This is a temporary order, effective immediately, and pending a **HEARING** to be held  
on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at \_\_\_\_ o'clock \_\_m., in Courtroom No.  
\_\_\_\_\_, of the Lancaster County Courthouse, 50 N. Duke Street, Lancaster, PA, 17602,  
before \_\_\_\_\_.

BY THE COURT:

\_\_\_\_\_  
J.

CC: Plaintiff, \_\_\_\_\_ ( )  
Defendant, \_\_\_\_\_ ( )  
Attorney for Plaintiff / Defendant: \_\_\_\_\_ ( )  
Attorney for Plaintiff / Defendant: \_\_\_\_\_ ( )

ATTEST: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA  
CIVIL ACTION - LAW

|       |           |            |
|-------|-----------|------------|
| _____ | Plaintiff | ] No. CI – |
| vs.   |           |            |
| _____ | Defendant |            |

**NOTICE OF INTENTION TO PRESENT**

**TO:** \_\_\_\_\_  
(name of other party)

You are hereby notified that the attached petition and proposed order will be presented in Family Business Court before the Honorable \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ m., in Courtroom No. \_\_\_\_\_, of the Lancaster County Courthouse, 50 N. Duke Street, Lancaster, PA, 17602.

You may appear in person, or by a lawyer, at the time and place specified.

Your failure to appear in person, or by a lawyer, at the time and place specified may result in the Court granting the relief requested in the attached petition, in the form of the included proposed order, or other relief, without additional notice to you.

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

\_\_\_\_\_ (signature)

\_\_\_\_\_ (print name)

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA  
CIVIL ACTION - LAW

|       |           |            |
|-------|-----------|------------|
| _____ | Plaintiff | ] No. CI – |
| vs.   |           |            |
| _____ | Defendant |            |

**PETITION FOR SPECIAL CUSTODY RELIEF**

Pursuant to Pa. R.C.P. No. 1915.13 and L. C. R. C. P. No. 1931, \_\_\_\_\_,  
(your name)  
pro se, respectfully petitions this Court for special custody relief. In support, petitioner  
respectfully submits the following:

1. Petitioner is \_\_\_\_\_, and is listed as the **PLAINTIFF /**  
(your name)

**DEFENDANT** in the caption of this Custody matter.

2. Petitioner's address is \_\_\_\_\_,  
(your address)

and telephone number is \_\_\_\_\_.  
(your phone number)

3. Respondent is \_\_\_\_\_, and is listed as the **PLAINTIFF /**  
(other party's name)

**DEFENDANT** in the caption of this Custody matter.

4. Respondent's address is \_\_\_\_\_,  
(other party's address)

and telephone number is \_\_\_\_\_.  
(other party's phone number)

5. This petition concerns the following child(ren):

**REMEMBER, ONLY USE INITIALS AND AGES TO IDENTIFY CHILDREN, NOT DATES OF BIRTH**

**INITIALS OF CHILD**

**CHILD'S AGE**

|    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

1. The Mother of the child(ren) is \_\_\_\_\_,  
(mother's name)

currently residing at \_\_\_\_\_.  
(mother's address)

2. The Father of the child(ren) is \_\_\_\_\_,  
(father's name)

currently residing at \_\_\_\_\_.  
(father's address)

3. The Petitioner is the \_\_\_\_\_ of the child(ren).  
(mother / father / grandparent / other relationship)

4. Name any other person, other than a parent, who has physical custody of the  
child(ren), if any: \_\_\_\_\_.  
(name of custodial party)

5. Petitioner alleges the following:  
(mark A or B, and fill in the blanks)

\_\_\_\_\_ (A) There is an existing custody Order in effect, dated \_\_\_\_\_,

which is attached. I am requesting temporary changes to the Order as follows:

**(remember, only use initials and ages to identify children, not dates of birth)**

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**OR**

\_\_\_\_\_ (B) No Order has yet been entered regarding the child(ren) in this matter. I am filing a Complaint for Custody along with this petition. Pending the conciliation conference, I am requesting:

**(remember, only use initials and ages to identify children, not dates of birth)**

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**WHEREFORE**, Petitioner respectfully requests the Court to grant special relief  
and enter an Order which does the following:

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Respectfully Submitted,

---

(signature)

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(print name)

**VERIFICATION**

I verify that the foregoing information is true and correct to the best of my knowledge, information, or belief. I understand that false statements herein are made subject to penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

**CERTIFICATE OF COMPLIANCE**

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

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA  
CIVIL ACTION – LAW

\_\_\_\_\_  
Plaintiff  
vs.  
\_\_\_\_\_  
Defendant

No. CI –  
CUSTODY

**CERTIFICATE OF SERVICE**

I \_\_\_\_\_, **PLAINTIFF / DEFENDANT** in the above action,  
(your name)  
certify that a copy of the **Proposed Order for Special Custody Relief, Notice of Intention to Present, Petition for Special Custody Relief, Certificate of Service, and Criminal Record / Abuse History Verification** was delivered to \_\_\_\_\_  
(other party's name)  
on \_\_\_\_\_.  
(date)

Delivery was made by (check all that apply):

\_\_\_\_\_ Regular Mail: \_\_\_\_\_  
(address)

\_\_\_\_\_ Personal Service: \_\_\_\_\_  
(address)

\_\_\_\_\_ Certified Mail (return receipt requested, restricted delivery)

**Original receipt and return receipt attached as Exhibit B?**  **YES**  **NO**

Tracking Number: 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Date: \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

# EXHIBIT B

## CERTIFIED MAIL RECEIPT

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To \_\_\_\_\_

Street and Apt. No., or PO Box No. \_\_\_\_\_

City, State, ZIP+4® \_\_\_\_\_

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

## CERTIFIED MAIL RETURN RECEIPT

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> | A. Signature<br><b>X</b> <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1. Article Addressed to:                                                                                                                                                                                                                                       | B. Received by (Printed Name) C. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2. Article Number (Transfer from service label)<br><br>9590 9401 0000 5191 0000 12                                                                                                                                                                             | 3. Service Type<br><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA  
CIVIL ACTION – LAW

|                                                                     |   |          |
|---------------------------------------------------------------------|---|----------|
| <div style="text-align: right; margin-right: 20px;">Plaintiff</div> | } | No. CI - |
| vs.                                                                 |   |          |
| <div style="text-align: right; margin-right: 20px;">Defendant</div> |   |          |

**CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

**REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY COURT**

(Court may use the first two pages of the parties' criminal record / abuse history verification or may complete a new form)

**1. Participants.**

**(A)** Please list ALL members in your / the participant's household. Attach additional sheets if necessary.

|    | NAME | DATE OF BIRTH | ADDRESS | RELATIONSHIP TO CHILD(REN) |
|----|------|---------------|---------|----------------------------|
| 1. |      |               |         |                            |
| 2. |      |               |         |                            |
| 3. |      |               |         |                            |
| 4. |      |               |         |                            |
| 5. |      |               |         |                            |
| 6. |      |               |         |                            |

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.

**(B)** Please list ALL members in the opposing party's household. Attach additional sheets if necessary.

|    | NAME | DATE OF BIRTH | ADDRESS | RELATIONSHIP TO CHILD(REN) |
|----|------|---------------|---------|----------------------------|
| 1. |      |               |         |                            |
| 2. |      |               |         |                            |

|    | NAME | DATE OF BIRTH | ADDRESS | RELATIONSHIP TO CHILD(REN) |
|----|------|---------------|---------|----------------------------|
| 3. |      |               |         |                            |
| 4. |      |               |         |                            |
| 5. |      |               |         |                            |
| 6. |      |               |         |                            |

- 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)**

**(C)** Please list ALL children involved in this custody case. Attach additional sheets if necessary.

|    | NAME | DATE OF BIRTH |
|----|------|---------------|
| 1. |      |               |
| 2. |      |               |
| 3. |      |               |
| 4. |      |               |
| 5. |      |               |
| 6. |      |               |

**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.

| <b>Check<br/>all that<br/>apply</b> | <b>Crime</b>                                                                | <b>Self</b>              | <b>Other<br/>Household<br/>Member</b> | <b>Date of conviction,<br/>guilty plea,<br/>no contest plea,<br/>or pending charges</b> | <b>Sentence</b> |
|-------------------------------------|-----------------------------------------------------------------------------|--------------------------|---------------------------------------|-----------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/>            | 18 Pa.C.S. Ch. 25<br>(relating to criminal homicide)                        | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 2701<br>(relating to simple assault)                           | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 2702<br>(relating to aggravated assault)                       | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 2705<br>(relating to recklessly<br>endangering another person) | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. §2706<br>(relating to terroristic threats)                       | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. §2709.1<br>(relating to stalking)                                | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. §2718<br>(relating to strangulation)                             | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. §2901<br>(relating to kidnapping)                                | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. §2902<br>(relating to unlawful restraint)                        | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. §2903<br>(relating to false imprisonment)                        | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 2904<br>(relating to interference with<br>custody of children) | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |

| <b>Check<br/>all that<br/>apply</b> | <b>Crime</b>                                                                          | <b>Self</b>              | <b>Other<br/>Household<br/>Member</b> | <b>Date of conviction,<br/>guilty plea,<br/>no contest plea,<br/>or pending charges</b> | <b>Sentence</b> |
|-------------------------------------|---------------------------------------------------------------------------------------|--------------------------|---------------------------------------|-----------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/>            | 18 Pa.C.S. §2910<br>(relating to luring a child into a<br>motor vehicle or structure) | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. Ch. 30<br>(relating to human trafficking)                                  | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. §3121<br>(relating to rape)                                                | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. §3122.1<br>(relating to statutory<br>sexual assault)                       | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3123<br>(relating to involuntary deviate<br>sexual intercourse)          | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3124.1<br>(relating to sexual assault)                                   | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3125<br>(relating to aggravated<br>indecent assault)                     | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3126<br>(relating to indecent assault)                                   | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3127<br>(relating to indecent exposure)                                  | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3129<br>(relating to sexual intercourse<br>with animal)                  | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3130<br>(relating to conduct relating to<br>sex offenders)               | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3301<br>(relating to arson and<br>related offenses)                      | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 4302<br>(relating to incest)                                             | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 4303<br>(relating to concealing<br>death of child)                       | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 4304<br>(relating to endangering<br>welfare of children)                 | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |

| <b>Check<br/>all that<br/>apply</b> | <b>Crime</b>                                                                                                                               | <b>Self</b>              | <b>Other<br/>Household<br/>Member</b> | <b>Date of conviction,<br/>guilty plea,<br/>no contest plea,<br/>or pending charges</b> | <b>Sentence</b> |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|-----------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/>            | 18 Pa.C.S. § 4305<br>(relating to dealing in<br>infant children)                                                                           | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5533<br>(relating to cruelty to animal)                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5534<br>(relating to aggravated cruelty to<br>animal)                                                                         | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5543<br>(relating to animal fighting)                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5544<br>(relating to possession of animal<br>fighting paraphernalia)                                                          | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5902(b) or (b.1)<br>(relating to prostitution<br>and related offenses)                                                        | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5903 (c) or (d)<br>(relating to obscene and<br>other sexual materials<br>and performances)                                    | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 6301<br>(relating to corruption of minors)                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 6312<br>(relating to sexual abuse of<br>children)                                                                             | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 6318<br>(relating to unlawful contact<br>with minor)                                                                          | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 6320<br>(relating to sexual exploitation<br>of children)                                                                      | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | Finding of contempt of a<br>Protection from Abuse order or<br>agreement under 23 Pa.C.S.<br>§ 6114                                         | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | Finding of contempt of a<br>Protection of Victims of Sexual<br>Violence and Intimidation order or<br>agreement under 42 Pa.C.S.<br>§ 62A14 | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | Driving under the<br>influence of drugs or alcohol                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |

| <b>Check all that apply</b> | <b>Crime</b>                                                                                                              | <b>Self</b>              | <b>Other Household Member</b> | <b>Date of conviction, guilty plea, no contest plea, or pending charges</b> | <b>Sentence</b> |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|-----------------------------------------------------------------------------|-----------------|
| <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"/>      | _____                                                                       | _____           |

**3. Abuse or Agency Involvement.**

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

| <b>Check all that apply</b>                                                                                                                                                                                                                                                       | <b>Self</b>              | <b>Other Household Member</b> | <b>Child</b>             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|--------------------------|
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.<br>What jurisdiction?: _____                                                                                                                             |                          |                               |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| A determination or finding of abuse (i.e., 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.<br>What jurisdiction?: _____                                                 |                          |                               |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| An adjudication of dependency involving this child or any other child under Pennsylvania's Juvenile Act, or a similar law in another jurisdiction.<br>What jurisdiction?: _____<br><br>Is the case active? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> |                          |                               |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| A history of perpetrating "abuse" as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.                                                                                                                                                                    |                          |                               |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| 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).                                                                                           |                          |                               |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Other: _____                                                                                                                                                                                                                                                                      |                          |                               |                          |

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

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5. If you checked a box in questions (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(ren):

|    | NAME | DATE OF BIRTH | RELATIONSHIP TO CHILD(REN) |
|----|------|---------------|----------------------------|
| 1. |      |               |                            |
| 2. |      |               |                            |
| 3. |      |               |                            |

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:

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**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.**

**VERIFICATION**

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.

**CERTIFICATE OF COMPLIANCE**

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

|       |              |
|-------|--------------|
| _____ | _____        |
| Date  | Signature    |
| _____ | _____        |
|       | Printed Name |

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA  
CIVIL ACTION – LAW

|                                                                     |   |          |
|---------------------------------------------------------------------|---|----------|
| <div style="text-align: right; margin-right: 20px;">Plaintiff</div> | } | No. CI - |
| vs.                                                                 |   |          |
| <div style="text-align: right; margin-right: 20px;">Defendant</div> |   |          |

**CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

**REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY COURT**

(Court may use the first two pages of the parties' criminal record / abuse history verification or may complete a new form)

**6. Participants.**

**(D)** Please list ALL members in your / the participant's household. Attach additional sheets if necessary.

|     | NAME | DATE OF BIRTH | ADDRESS | RELATIONSHIP TO CHILD(REN) |
|-----|------|---------------|---------|----------------------------|
| 7.  |      |               |         |                            |
| 8.  |      |               |         |                            |
| 9.  |      |               |         |                            |
| 10. |      |               |         |                            |
| 11. |      |               |         |                            |
| 12. |      |               |         |                            |

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.

**(E)** Please list ALL members in the opposing party's household. Attach additional sheets if necessary.

|    | NAME | DATE OF BIRTH | ADDRESS | RELATIONSHIP TO CHILD(REN) |
|----|------|---------------|---------|----------------------------|
| 7. |      |               |         |                            |
| 8. |      |               |         |                            |

|    | NAME | DATE OF BIRTH | ADDRESS | RELATIONSHIP TO CHILD(REN) |
|----|------|---------------|---------|----------------------------|
| 9. |      |               |         |                            |
| 10 |      |               |         |                            |
| 11 |      |               |         |                            |
| 12 |      |               |         |                            |

- 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)**

**(F)** Please list ALL children involved in this custody case. Attach additional sheets if necessary.

|    | NAME | DATE OF BIRTH |
|----|------|---------------|
| 7. |      |               |
| 8. |      |               |
| 9. |      |               |
| 10 |      |               |
| 11 |      |               |
| 12 |      |               |

**7. 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.

| <b>Check all that apply</b> | <b>Crime</b>                                                             | <b>Self</b>              | <b>Other Household Member</b> | <b>Date of conviction, guilty plea, no contest plea, or pending charges</b> | <b>Sentence</b> |
|-----------------------------|--------------------------------------------------------------------------|--------------------------|-------------------------------|-----------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/>    | 18 Pa.C.S. Ch. 25<br>(relating to criminal homicide)                     | <input type="checkbox"/> | <input type="checkbox"/>      | _____                                                                       | _____           |
| <input type="checkbox"/>    | 18 Pa.C.S. § 2701<br>(relating to simple assault)                        | <input type="checkbox"/> | <input type="checkbox"/>      | _____                                                                       | _____           |
| <input type="checkbox"/>    | 18 Pa.C.S. § 2702<br>(relating to aggravated assault)                    | <input type="checkbox"/> | <input type="checkbox"/>      | _____                                                                       | _____           |
| <input type="checkbox"/>    | 18 Pa.C.S. § 2705<br>(relating to recklessly endangering another person) | <input type="checkbox"/> | <input type="checkbox"/>      | _____                                                                       | _____           |
| <input type="checkbox"/>    | 18 Pa.C.S. §2706<br>(relating to terroristic threats)                    | <input type="checkbox"/> | <input type="checkbox"/>      | _____                                                                       | _____           |
| <input type="checkbox"/>    | 18 Pa.C.S. §2709.1<br>(relating to stalking)                             | <input type="checkbox"/> | <input type="checkbox"/>      | _____                                                                       | _____           |
| <input type="checkbox"/>    | 18 Pa.C.S. §2718<br>(relating to strangulation)                          | <input type="checkbox"/> | <input type="checkbox"/>      | _____                                                                       | _____           |
| <input type="checkbox"/>    | 18 Pa.C.S. §2901<br>(relating to kidnapping)                             | <input type="checkbox"/> | <input type="checkbox"/>      | _____                                                                       | _____           |
| <input type="checkbox"/>    | 18 Pa.C.S. §2902<br>(relating to unlawful restraint)                     | <input type="checkbox"/> | <input type="checkbox"/>      | _____                                                                       | _____           |
| <input type="checkbox"/>    | 18 Pa.C.S. §2903<br>(relating to false imprisonment)                     | <input type="checkbox"/> | <input type="checkbox"/>      | _____                                                                       | _____           |
| <input type="checkbox"/>    | 18 Pa.C.S. § 2904<br>(relating to interference with custody of children) | <input type="checkbox"/> | <input type="checkbox"/>      | _____                                                                       | _____           |

| <b>Check<br/>all that<br/>apply</b> | <b>Crime</b>                                                                          | <b>Self</b>              | <b>Other<br/>Household<br/>Member</b> | <b>Date of conviction,<br/>guilty plea,<br/>no contest plea,<br/>or pending charges</b> | <b>Sentence</b> |
|-------------------------------------|---------------------------------------------------------------------------------------|--------------------------|---------------------------------------|-----------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/>            | 18 Pa.C.S. §2910<br>(relating to luring a child into a<br>motor vehicle or structure) | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. Ch. 30<br>(relating to human trafficking)                                  | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. §3121<br>(relating to rape)                                                | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. §3122.1<br>(relating to statutory<br>sexual assault)                       | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3123<br>(relating to involuntary deviate<br>sexual intercourse)          | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3124.1<br>(relating to sexual assault)                                   | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3125<br>(relating to aggravated<br>indecent assault)                     | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3126<br>(relating to indecent assault)                                   | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3127<br>(relating to indecent exposure)                                  | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3129<br>(relating to sexual intercourse<br>with animal)                  | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3130<br>(relating to conduct relating to<br>sex offenders)               | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 3301<br>(relating to arson and<br>related offenses)                      | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 4302<br>(relating to incest)                                             | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 4303<br>(relating to concealing<br>death of child)                       | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 4304<br>(relating to endangering<br>welfare of children)                 | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |

| <b>Check<br/>all that<br/>apply</b> | <b>Crime</b>                                                                                                                               | <b>Self</b>              | <b>Other<br/>Household<br/>Member</b> | <b>Date of conviction,<br/>guilty plea,<br/>no contest plea,<br/>or pending charges</b> | <b>Sentence</b> |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|-----------------------------------------------------------------------------------------|-----------------|
| <input type="checkbox"/>            | 18 Pa.C.S. § 4305<br>(relating to dealing in<br>infant children)                                                                           | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5533<br>(relating to cruelty to animal)                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5534<br>(relating to aggravated cruelty to<br>animal)                                                                         | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5543<br>(relating to animal fighting)                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5544<br>(relating to possession of animal<br>fighting paraphernalia)                                                          | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5902(b) or (b.1)<br>(relating to prostitution<br>and related offenses)                                                        | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 5903 (c) or (d)<br>(relating to obscene and<br>other sexual materials<br>and performances)                                    | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 6301<br>(relating to corruption of minors)                                                                                    | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 6312<br>(relating to sexual abuse of<br>children)                                                                             | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 6318<br>(relating to unlawful contact<br>with minor)                                                                          | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | 18 Pa.C.S. § 6320<br>(relating to sexual exploitation<br>of children)                                                                      | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | Finding of contempt of a<br>Protection from Abuse order or<br>agreement under 23 Pa.C.S.<br>§ 6114                                         | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | Finding of contempt of a<br>Protection of Victims of Sexual<br>Violence and Intimidation order or<br>agreement under 42 Pa.C.S.<br>§ 62A14 | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |
| <input type="checkbox"/>            | Driving under the<br>influence of drugs or alcohol                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>              | _____                                                                                   | _____           |

| <b>Check all that apply</b> | <b>Crime</b>                                                                                                              | <b>Self</b>              | <b>Other Household Member</b> | <b>Date of conviction, guilty plea, no contest plea, or pending charges</b> | <b>Sentence</b> |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|-----------------------------------------------------------------------------|-----------------|
| <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"/>      | _____                                                                       | _____           |

**8. Abuse or Agency Involvement.**

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

| <b>Check all that apply</b>                                                                                                                                                                                                                                                       | <b>Self</b>              | <b>Other Household Member</b> | <b>Child</b>             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|--------------------------|
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.<br>What jurisdiction?: _____                                                                                                                             |                          |                               |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| A determination or finding of abuse (i.e., 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.<br>What jurisdiction?: _____                                                 |                          |                               |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| An adjudication of dependency involving this child or any other child under Pennsylvania's Juvenile Act, or a similar law in another jurisdiction.<br>What jurisdiction?: _____<br><br>Is the case active? <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> |                          |                               |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| A history of perpetrating "abuse" as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.                                                                                                                                                                    |                          |                               |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| 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).                                                                                           |                          |                               |                          |
| <input type="checkbox"/>                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> |
| Other: _____                                                                                                                                                                                                                                                                      |                          |                               |                          |

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

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**10.** If you checked a box in questions **(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(ren):

|    | <b>NAME</b> | <b>DATE OF BIRTH</b> | <b>RELATIONSHIP TO CHILD(REN)</b> |
|----|-------------|----------------------|-----------------------------------|
| 4. |             |                      |                                   |
| 5. |             |                      |                                   |
| 6. |             |                      |                                   |

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

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**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.**

**VERIFICATION**

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.

**CERTIFICATE OF COMPLIANCE**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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



## LANCASTER COUNTY COURT OF COMMON PLEAS FAMILY BUSINESS COURT SCHEDULE

| LAST NAME<br>OF DEFENDANT<br>BEGINS WITH | ASSIGNED JUDGE                 | COURTROOM | FAMILY BUSINESS COURT DAY                                                                                                    |
|------------------------------------------|--------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------|
| A – B, & S                               | HON.<br>CRAIG W. STEDMAN       | TBD       | <b>BY APPOINTMENT ONLY</b><br><br>CONTACT<br>COURT ADMINISTRATION<br>5 <sup>TH</sup> FLOOR - MAIN COURTHOUSE<br>717-299-8041 |
| C – F, & T                               | HON.<br>CHRISTINA M. PARSONS   | TBD       | <b>EVERY FRIDAY<br/>AT 8:45 A.M. IN PERSON</b>                                                                               |
| G – K                                    | HON.<br>SHAWN P. MCLAUGHLIN    | 4         | <b>EVERY WEDNESDAY<br/>AT 8:45 A.M. IN PERSON</b>                                                                            |
| L – M                                    | HON. JOANNE MURPHY             | TBD       | <b>EVERY WEDNESDAY<br/>AT 8:45 A.M. IN PERSON</b>                                                                            |
| N – R                                    | HON.<br>CHRISTOPHER A. HACKMAN | 7         | <b>EVERY TUESDAY<br/>AT 8:45 A.M. IN PERSON</b>                                                                              |
| U – Z                                    | HON. TODD E. BROWN             | 9         | <b>EVERY THURSDAY<br/>AT 8:45 A.M. IN PERSON</b>                                                                             |