

**CUSTODY – LEGAL APPLICATION**  
**INSTRUCTIONS-PRINT CLEARLY**

1. READ these instructions before proceeding.
2. Fill in the blanks of the complaint/petition.
3. Include the Certification of Compliance with your filing (can be found on <http://www.buckscounty.org/government/RowOfficers/Prothonotary/Forms> or in the Prothonotary Office).
4. Make two (2) copies of the filled out complaint/petition. (One for you and one for the opposing party)
5. Include the filing fee made payable to the Prothonotary. For the current fee schedule please visit our website at:  
<http://www.buckscounty.org/government/RowOfficers/Prothonotary/DRFeeSchedule>  
or call 215-348-6822.
6. File the original (the one you filled out) with:  
  
Family Court Prothonotary  
100 North Main Street  
Doylestown, PA 18901  
215-348-6822
7. In approximately two weeks, you will receive notice of the conference date. At that time, you must serve the opposing party with a copy of the notice and the complaint/petition.

## **HOW TO SERVE CUSTODY PAPERS**

**(See PA Rule 1930.4 for Service)**

The two most effective ways to make service are “**Personal Service**” and “**Service by Certified Mail.**”

A copy of your petition **plus** the notice you receive with the date of the conference must be served on the other party.

“**Personal Service**”. This can be done by giving the petition and notice of conference to the other party by **an individual 18 years of age or older, who is neither a party to the action, nor an employee or a relative of either party.** This person must fill out and sign an “Affidavit of Service”. **Please note you cannot serve the other party yourself.** The sheriff’s office or a process server can also be used.

The Affidavit of Service should include the following information:

- Date of service
- Time of service
- Place/address where service was made
- Who took the papers (it **must** be the defendant in the case)
- Who served the papers
- Signature of person who served the papers

(The affidavit may be handwritten on a plain piece of paper.)

“**Certified Mail**”. If you choose to serve the petition and notice of conference by certified mail, be sure you allow enough time to get the green card back from the Post Office. **Certified mail must be marked restricted delivery and must be signed by the defendant.** The green card and an affidavit identifying the other party’s signature on the card must be presented at the conference.

IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY, PENNSYLVANIA  
FAMILY DIVISION

\_\_\_\_\_ : A06-\_\_\_\_\_  
(Plaintiff)  
vs. :  
\_\_\_\_\_ : IN CUSTODY  
(Defendant)

ORDER OF COURT

You, \_\_\_\_\_, (defendant) (respondent), have been sued in court to  
(OBTAIN)(MODIFY) (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):

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.

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 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 office set forth below to find out where you can  
get legal help.

Bucks County Bar Association  
135 East State Street  
Doylestown, PA 18901  
(215)348-9413 , 1-800-273-2929

**Americans With Disabilities Act of 1990**

The Court of Common Pleas of Bucks County 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 the Court  
Administrator's Office. All arrangements must be made at least 72 hours prior to any hearing or business  
before the court. You must attend the conference.

Date:

***N.B. It is the responsibility of the petitioner to serve this notice and all other paperwork  
filed in reference to this matter on the other party named in this petition.***

IN THE COURT OF COMMON PLEAS OF BUCKS COUNTY, PENNSYLVANIA  
FAMILY DIVISION

\_\_\_\_\_ : A06-\_\_\_\_\_  
(Plaintiff)

vs.

:

\_\_\_\_\_ : IN CUSTODY  
(Defendant)

COMPLAINT FOR CUSTODY

1. The plaintiff is \_\_\_\_\_, residing at

\_\_\_\_\_  
(zip code)

2. The defendant is \_\_\_\_\_, residing at

\_\_\_\_\_

3. Plaintiff seeks (shared legal custody)(sole legal custody)(partial physical custody)(primary physical custody)(shared physical custody) (sole physical custody)(supervised physical custody) of the following child(ren):

Name	Current residence	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child (was)(was not) born out of wedlock.

The child is presently in the custody of \_\_\_\_\_,  
who resides at \_\_\_\_\_.

During the past five years, the child has resided with the following persons and at the following addresses:

List of persons	List all Addresses	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

The mother of the child is \_\_\_\_\_, currently residing at \_\_\_\_\_.

She is (married)(divorced)(single).

The father of the child is \_\_\_\_\_, currently residing at \_\_\_\_\_.

He is (married)(divorced)(single).

4. The relationship of plaintiff to child is that of \_\_\_\_\_.

The plaintiff currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____

5. The relationship of defendant to the child is that of \_\_\_\_\_.

The defendant currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____

6. Plaintiff (has)(has not) participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child in this or another court.

The court, term number, and its relationship to this action is:

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Plaintiff (has)(has no) information of a custody proceeding concerning the child pending in a court of this Commonwealth. The court, term and number, and its relationship to this action is: \_\_\_\_\_.

Plaintiff (knows)(does not know) of a person not a party to the proceedings who has physical custody of the child or claims to have custodial rights with respect to the child. The name and address of such person is: \_\_\_\_\_

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7. The best interest and permanent welfare of the child will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the best interest and permanent welfare of the child): \_\_\_\_\_

8. Each parent whose parental rights to the child have not been terminated and the person who has physical custody of the child have been named as parties to this action. All other persons, named below, who are known to have or claim a right to custody of the child will be given notice of the pendency of this action and the right to intervene:

Name	Address	Basis of Claim
_____	_____	_____
_____	_____	_____

9. (a) If the plaintiff is a grandparent who is not in loco parentis to the child and is seeking physical and/or legal custody pursuant to 23 Pa.C.S. §5323, you must plead facts establishing standing pursuant to 23 Pa.C.S. §5324(3). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) If the plaintiff is a grandparent or great-grandparent who is seeking partial physical custody or supervised physical custody pursuant to 23 Pa.C.S. §5325, you must plead facts establishing standing pursuant to §5325. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) If the plaintiff is a person seeking physical and/or legal custody pursuant to 23 Pa.C.S. §5324(2) as a person who stands in loco parentis to the child, you must plead facts establishing standing. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. I have attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No. 1915.3-1.

Wherefore, plaintiff requests the court to grant (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the child.

\_\_\_\_\_  
Signature

**VERIFICATION**

I verify that the statements made in this Complaint 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.

\_\_\_\_\_  
Plaintiff

**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 crime below, neither I nor any other member of my household have been convicted or pled guilty or 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 in Pennsylvania or a substantially equivalent crime in any other jurisdiction, 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 to 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"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2902 (relating to 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"/> | <b>18 Pa.C.S. §3121</b><br>(relating to rape)                                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3122.1</b><br>(relating to statutory sexual assault)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3123</b><br>(relating to involuntary deviate sexual intercourse) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3124.1</b><br>(relating to sexual assault)                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3125</b><br>(relating to aggravated indecent assault)            | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3126</b><br>(relating to indecent assault)                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3127</b><br>(relating to indecent exposure)                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3129</b><br>(relating to sexual intercourse with animal)         | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3130</b><br>(relating to conduct relating to sex offenders)      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §3301</b><br>(relating to arson and related offenses)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §4302</b><br>(relating to incest)                                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §4303</b><br>(relating to concealing death of child)              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

- |                          |  |                          |                          |       |       |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | <b>18 Pa.C.S. §4304</b><br>(relating to endangering<br>welfare of children)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §4305</b><br>(relating to dealing in<br>infant children)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §5902(b)</b><br>(relating to prostitution<br>and related offenses)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §5903(c) or<br/>(d) (relating to obscene and<br/>other sexual materials<br/>and performances)</b>                              | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §6301</b><br>(relating to corruption of<br>minors)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §6312</b><br>(relating to sexual abuse<br>of children)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §6318</b><br>(relating to unlawful<br>contact with minor)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>18 Pa.C.S. §6320</b><br>(relating to sexual<br>exploitation of children)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>23 Pa.C.S. § 6114</b><br>(relating to contempt for<br>violation of protection<br>order or agreement)                                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>Driving under the<br/>influence of drugs or<br/>alcohol</b>   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | <b>Manufacture, sale,<br/>delivery, holding, offering for sale or<br/>possession of any controlled substance or<br/>other drug or device</b> | <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	Other household member	Date
<input type="checkbox"/> A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<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"/> Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where?: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

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/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.

Docket No. A06-\_\_\_\_\_

\_\_\_\_\_  
Signature

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

**IN THE COURT OF COMMON PLEAS, BUCKS COUNTY, PENNSYLVANIA**

**FAMILY DIVISION**

**: A06-**

**v.**

**ENTRY OF APPEARANCE - PRO SE**

Please enter my appearance Pro Se - representing myself in the above case.

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

Signature: \_\_\_\_\_

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

Papers may be served to me at the address set forth below:

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

Telephone Number: \_\_\_\_\_

Fax Number for service of papers: \_\_\_\_\_

Your email address: \_\_\_\_\_