

CUSTODY-CONTEMPT
INSTRUCTIONS-PRINT CLEARLY

1. READ these instructions before proceeding
2. Fill in the blanks of the complaint/petition
3. Make two (2) copies of the filled out complaint/petition (One for you and one for the opposing party)
4. File the original (the one you filled out) with:

Family Court Prothonotary
100 N. Main Street
Doylestown, PA 18901
215-348-6822
5. 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

-You must serve a copy of the paperwork you fill out from this folder plus the notice you receive with the dates of the conference

-If you choose to serve the complaint and notice by certified mail, be sure you allow enough time to get the green card back from the Post Office. (Example on next page)

If you feel certified mail will not work, you can use "Personal Service". This can be done by giving the complaint and notice of conference to the other party by anyone over the age of 18. **The person serving these papers must not be yourself, one of your relatives or someone who works for you.** This person must fill out and sign an "Affidavit of Service."

The affidavit 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

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

Z 402 937 171

EXAMPLE: Certified Mail

One method of service of custody paperwork is to send the papers (complaint and notice) certified mail.

When you come to the conference and the other side does not appear, you will be asked to prove that you served this paperwork to them. If you cannot prove service, we will have to reschedule your conference.

In order to *prove* that you served this paperwork by certified mail, we must be shown the green return receipt card signed by the party you are serving. (#1) (Any other signature does not count as service.)

Showing us the "Receipt for Certified Mail" is not proper service. (#2)

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

| | |
|---|--|
| Sent to | |
| Street & Number | |
| Post Office, State, & ZIP Code | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees \$ | |
| Postmark or Date | |
| #2 | |

PS Form 3800, April 1995

Fold at the over top of envelope to the right of the return address
CERTIFIED

Z 402 937 171

MAIL

| COMPLETE THIS SECTION BEFORE DELIVERY | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---------------------|
| <ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) | B. Date of Delivery |
| | C. Signature | |
| | X SIGNATURE MUST MATCH <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| | D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: | |
| | 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Copy from service label) | | |

#1

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

_____ : AO6- _____
(Plaintiff)

vs. :

_____ : IN CUSTODY
(Defendant)

NOTICE AND ORDER TO APPEAR

Legal proceedings have been brought against you alleging you have willfully disobeyed an order of court for custody.

If you wish to defend against the claim set forth in the following pages, you may but are not required to file in writing with the court your defenses or objections.

Whether or not you file in writing with the court your defenses or objections, you must appear in person in court on _____, at _____ .m. in Courtroom _____, Bucks County Courthouse, Doylestown, PA.

**IF YOU DO NOT APPEAR IN PERSON, THE COURT MAY
ISSUE A WARRANT FOR YOUR ARREST.**

If the court finds that you have willfully failed to comply with its order, you may be found to be in contempt of court and committed to jail, fined or both.

**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
PO Box 300
Doylestown, PA 18901
(215)348-9413

BY THE COURT:

Date: _____

_____ J.

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

_____ : AO6- _____
(Plaintiff)

vs. :

_____ : **IN CUSTODY**
(Defendant)

**PETITION FOR CIVIL CONTEMPT FOR DISOBEDIENCE OF
CUSTODY ORDER**

The Petition of _____ respectfully represents:

1. That on _____, Judge _____ entered an
Order awarding (Petitioner) (Respondent) **(shared legal custody) (sole legal custody)**
(partial physical custody) (primary physical custody) (shared physical custody)
(sole physical custody) (supervised physical custody) of the minor child(ren)

(Name(s) of Child(ren))

A true and correct copy of the order is attached to this petition.

2. Petitioner is (name) _____,
residing at _____.

3. Respondent is _____,
residing at _____.

4. Respondent has willfully failed to abide by the order in that:

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

WHEREFORE, Petitioner requests that Respondent be held in contempt of court.

(Signature of Petitioner)

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.

Date

Signature of Petitioner

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"/> | 18 Pa.C.S. §3121 (relating to rape) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3122.1 (relating to statutory sexual assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3123 (relating to involuntary deviate sexual intercourse) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3124.1 (relating to sexual assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3125 (relating to aggravated indecent assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3126 (relating to indecent assault) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3127 (relating to indecent exposure) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3129 (relating to sexual intercourse with animal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3130 (relating to conduct relating to sex offenders) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §3301 (relating to arson and related offenses) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §4302 (relating to incest) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §4303 (relating to concealing death of child) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

- | | | | | | |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa.C.S. §4304 (relating to endangering welfare of children) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §4305 (relating to dealing in infant children) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §5902(b) (relating to prostitution and related offenses) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §5903(c) or (d) (relating to obscene and other sexual materials and performances) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §6301 (relating to corruption of minors) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §6312 (relating to sexual abuse of children) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §6318 (relating to unlawful contact with minor) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. §6320 (relating to sexual exploitation of children) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Driving under the influence of drugs or alcohol | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

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

| Check all that apply | Self | 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: _____
(Plaintiff's Address)

Telephone Number: _____

Fax Number for service of papers: _____

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

: No. A06-

v.

: IN CUSTODY

ACKNOWLEDGMENT OF PATERNITY
WAIVER OF TRIAL

I, _____, do hereby acknowledge that I am the father of
the child, _____, born on _____
(name) (date)
in _____ County, _____. The child was born to
_____, of _____ County, _____.
(mother) (state)

I have been advised of and do hereby waive my rights to (1) genetic tests on the issue of paternity, (2) a trial on the issue of paternity and (3) an attorney to represent me on the issue of paternity.

I verify that the statements made in this acknowledgment and waiver 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.

Father

Date