

IN THE COURT OF COMMON PLEAS
BUCKS COUNTY, PENNSYLVANIA



JUVENILE DIVISION- DEPENDENCY

In the interest of : _____

Juvenile Dependency Docket No : _____

ENTER my appearance on behalf of _____,
(relation to the child(ren))
the subject child(ren) in the above stated case.

To the Clerk of Courts,
Bucks County, Pennsylvania

Check One:

- Privately Retained
 Public Defender
 Court Appointed

Attorney's State I.D. No.

Attorney's Name (please print)

Attorney's Address

Attorney's Phone Number

Attorney's Signature for Appearance

Pursuant to Juvenile Court - Dependency Rule 1167(B) : service can be made electronically to the email address provided here : _____

**** Original to be filed with the Clerk of Courts and all other parties to be served a copy ****