

INSTRUCTIONS FOR FILING A **CUSTODY COMPLAINT** FOR PARENTS

Warren and Forest Counties
Commonwealth of Pennsylvania

You may use this form to file for custody if:

- You are a parent of the child(ren), **and**
- An existing custody case does NOT already exist, **and**
- The child(ren) have been living in Warren or Forest County for at least the last six months.

To file a Custody Complaint as parent,

- A. Complete the attached **Complaint for Custody** form by following the included instructions.
- B. Complete a **Confidential Document Form** coversheet and a **Criminal Record/Abuse History Verification** form.
- C. Complete a **Confidential Information Form** by listing each child's name, date of birth and initials.
- D. File the completed forms in person or by mail, along with the appropriate filing fee (see below) for scheduling of a date, time and courtroom for a conference. Your complaint will be filed and a copy of the forms will be returned to you with further instructions regarding service.

Warren County Residents

Filing Fee: **\$147.25**

Submit completed forms and fee to:

Family Hearing Office
Warren County Courthouse
204 Fourth Avenue
Warren, PA 16365

Forest County Residents

Filing Fee: **\$116.25**

Submit completed forms and fee to:

Prothonotary's Office
Forest County Courthouse
526 Elm Street, #2
Tionesta, PA 16353

All filing fees must be paid by cash or money order (no personal checks). Do not send cash in the mail.
Money Orders should be made payable to **"The Prothonotary."**

If you have any procedural questions you may call the Family Hearing Office at (814) 728-3488.
For legal questions or advice call your attorney or Northwestern Legal Services at (800) 665-6957

More information and forms are available at the county courthouse or
online at warrenforestcourt.org/departments/family-hearing-office/.



Definitions of Custody Terms

in Pa. R.C.P. 1915.1

child: An unemancipated individual under 18 years of age.

person acting as a parent: A person other than a parent, including an institution, who has physical custody of a child and who has either been awarded custody by a court or claims a right to custody. *See also* the definition of *in loco parentis*.

***in loco parentis*:** A person who puts himself or herself in the situation of a lawful parent by assuming the obligations incident to the parental relationship without going through the formality of a legal adoption. The status of *in loco parentis* embodies two ideas: (1) the assumption of a parental status; and (2) the discharge of parental duties.

custody: The legal right to keep, control, guard, care for, and preserve a child and includes the terms “legal custody,” “physical custody,” and “shared custody.”

legal custody: The right to make major decisions on behalf of the child, including, but not limited to, medical, religious and educational decisions.

shared legal custody: The right of more than one individual to legal custody of the child.

sole legal custody: The right of one individual to exclusive legal custody of the child.

physical custody: The actual physical possession and control of a child.

partial physical custody: The right to assume physical custody of the child for less than a majority of the time.

primary physical custody: The right to assume physical custody of the child for the majority of time.

shared physical custody: The right of more than one individual to assume physical custody of the child, each having significant periods of physical custodial time with the child.

sole physical custody: The right of one individual to exclusive physical custody of the child.

supervised physical custody: Custodial time during which an agency or an adult designated by the court or agreed upon by the parties monitors the interaction between the child and the individual with those rights.

home county: The county in which the child lived with either or both parents, a person acting as a parent, or in an institution for at least six consecutive months immediately preceding the filing of the action, and in the case of a child less than six months old, the county in which the child lived from birth with any of the persons mentioned. A period of temporary absence of the child from the physical custody of the parent, institution, or person acting as parent shall not affect the six-month or other period;

relocation: A change in a residence of the child which significantly impairs the ability of a nonrelocating party to exercise custodial rights.

Instructions for Completing a Complaint for Custody Form for Parents

The sections in these instructions correspond with the sections or line numbers on the Form.

Caption Section

Print the county in which you are filing your petition.

Print your name as the Plaintiff.

Leave the case number blank. The Prothonotary will assign a number to your case and will write your case number on your Complaint

Print the name of the opposing party as the Defendant (that is, the father or mother of child(ren) against whom you are filing).

Line 1

Print your name, place of residence, and telephone number in full.

Line 2

Print the Defendant's name, place of residence, and telephone number in full.

Line 3

Check what kind of legal custody and/or physical custody you are seeking.

List the child(ren) involved, and their present residence. Do not include a child's name or date of birth. Instead, use the initials identified in the Confidential Information Form.

Indicate whether the parents were married when the child(ren) were born by checking the appropriate choice.

List the name and address of the adult person(s) that the child(ren) currently resides with.

List the name, address and dates of the persons that the child(ren) has resided with for the past five (5) years.

List the names, addresses and current marital status of each of the child(ren)'s parents.

Line 4

Indicate your relationship with the child(ren) (mother or father) and list everyone who currently resides with you at your address.

Line 5

Indicate the Defendant's relationship with the child(ren) (mother or father) and list everyone who currently resides with the Defendant to the best of your knowledge.

Line 6

Indicate whether you have been involved in any of the types of cases listed concerning the child(ren). If so, list type of case and Court, term and number.

Indicate whether you are aware of any custody proceedings concerning the child(ren) in any other Court. If so, list Court, term and number.

Indicate whether you are aware of anyone, other than you and the Defendant, who may claim to have custody rights of the child(ren) involved.

Line 7

Concisely state your reasons for making the request. (If you need more space, write on a separate page. Do not write on the back of this form, or in the margins).

Line 8

List the name, address and basis of claim of anyone, other than you and the Defendant who may claim to have custody rights of the child(ren) involved.

Signature Section

Check what kind of legal custody and/or physical custody you are seeking.

Sign your name.

Print your name, mailing address and telephone number.

Verification Section

Print the date you completed this form.

After reviewing your Petition, making sure everything you stated is true and correct, sign your name to the verification.

IN THE COURT OF COMMON PLEAS
OF THE 37TH JUDICIAL DISTRICT OF PENNSYLVANIA
_____ COUNTY BRANCH
CIVIL

Plaintiff

No. _____ of _____

v.

In Custody

Defendant

COMPLAINT FOR CUSTODY

1. The Plaintiff is _____, residing at
(Plaintiff's name)

(Street) (City) (State) (Zip Code) (County) (Telephone)

2. A Defendant is _____, residing at
(Defendant's name)

(Street) (City) (State) (Zip Code) (County) (Telephone)

3. Plaintiff seeks (check all that apply) ☐ *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):

Initials	Present Residence	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child(ren) (☐ was/were ☐ was not/were not) born out of wedlock.

The child(ren) is/are presently in the custody of _____
(name)

who resides at _____
(Street) (City) (State) (Zip Code)

During the past five years, the child(ren) has/have resided with the following persons and at the following addresses:

(Names)	(Addresses)	(Dates)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A parent of the child is _____, currently residing at _____
(parent's name)

(Street) (City) (State) (Zip Code) (County) (Telephone)

This parent is (☐ married ☐ divorced ☐ single).

A parent of the child is _____, currently residing at _____
(parent's name)

(Street) (City) (State) (Zip Code) (County) (Telephone)

This parent is (☐ married ☐ divorced ☐ single).

4. Plaintiff's relationship to the child(ren) is that of _____.
(mother, maternal grandfather, etc.)

Plaintiff currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

5. Defendants' relationship to the child(ren) is that of _____.
(mother, maternal grandfather, etc.)

Defendant currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

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. Plaintiff has attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.Civ.P. 915.3-1.

Wherefore, Plaintiff requests the Court to grant (check all that apply) ☐ *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).

Plaintiff (signature)

Name: _____

Mailing address: _____

Telephone: _____

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.A. §4904 relating to unsworn falsification to authorities.

Date

Plaintiff (signature)

CONFIDENTIAL DOCUMENT FORM



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania

204 Pa. Code § 213.81

www.pacourts.us/public-records

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____, _____.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Document Form shall accompany a filing where a confidential document is required by law, ordered by the court, or is otherwise necessary to effect the disposition of a matter. This form shall be accessible to the public, however the documents attached shall not be publicly accessible, except as ordered by a court. The documents attached will be available to the parties, counsel of record, the court, and the custodian.

Please only attach documents necessary for the purposes of this case. Complete the entire form and check all that apply. This form and any additional pages must be served on all unrepresented parties and counsel of record.

Type of Confidential Document	Paragraph, page, etc. where the confidential document is referenced in the filing:
Financial Source Documents	
Tax Returns and schedules	
W-2 forms and schedules including 1099 forms or similar documents	
Wage stubs, earning statements, or other similar documents	
Credit card statements	
Financial institution statements (e.g., investment/bank statements)	
Check registers	
Checks or equivalent	
Loan application documents	
Minors' educational records	
Medical/Psychological records	
Children and Youth Services' records	
Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.Civ.P. 1920.33	
Income and Expense Statement as provided in Pa.R.Civ.P. 1910.27(c)	
Agreements between the parties as used in 23 Pa.C.S. § 3105	

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

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

IN THE COURT OF COMMON PLEAS
OF THE 37TH JUDICIAL DISTRICT OF PENNSYLVANIA

_____ COUNTY BRANCH
CIVIL

_____,
Plaintiff

v.

No. _____ of _____

In Custody

_____,
Defendant

☐ **CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

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

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

1. *Participants.* Please list ALL members in your/the participant's household and attach sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>	<i>Address</i>	<i>Relationship to Child(ren)</i>

☐ 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.

Please list ALL members in the opposing party's household and attach sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>	<i>Address</i>	<i>Relationship to Child(ren)</i>

☐ 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)—Attach additional sheets if necessary:

<i>Name</i>	<i>Date of Birth</i>

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.

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. § 2701 (relating to simple assault)	<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. § 2705 (relating to recklessly endangering another person)	<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. § 2718 (relating to strangulation)	<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. § 2904 (relating to interference with custody of children)	<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"/>	_____	_____

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. 30 (relating to human trafficking)	<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. § 5533 (relating to cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5543 (relating to animal fighting)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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. § 5544 (relating to possession of animal fighting paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5902(b) or (b.1) (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"/>	Finding of contempt of a Protection from Abuse order or agreement under 23 Pa.C.S. § 6114	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14	<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"/>	_____	_____

3. *Abuse or Agency Involvement.* Check the box next to any statement that applies to you, a household member, or your child.

**Check
all that
apply**

**Self Household
member Child**

- | | | | | |
|--------------------------|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.
What jurisdiction?: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | A determination or finding of abuse (<i>i.e.</i> , 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.
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.
What jurisdiction?: _____
Is the case active?: _____ | <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 _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

5. If you checked a box in (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.

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:

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.

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 unworn falsification to authorities.

Signature

Date

Printed Name

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

Signature of Filer

Printed Name

**CONFIDENTIAL
INFORMATION
FORM**



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania:
204 Pa. Code § 213.81
www.pacourts.us/public-records

Plaintiff

Docket/Case No.

Vs.

Defendant

Court

This form is associated with the pleading titled _____, dated _____.

Pursuant to the *Case Records Public Access Policy to the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
<p>This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor) and date of birth: _____</p>		
<p>This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor) and date of birth: _____</p>		

**CONFIDENTIAL
INFORMATION
FORM**



Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>This information pertains to a minor with the initials of _____ and the full name of _____ _____ (full name of minor) and date of birth: _____</p>		
<p>This information pertains to a minor with the initials of _____ and the full name of _____ _____ (full name of minor) and date of birth: _____</p>		
<p>This information pertains to a minor with the initials of _____ and the full name of _____ _____ (full name of minor) and date of birth: _____</p>		

**CONFIDENTIAL
INFORMATION
FORM**



Additional page(s) attached. _____ total pages are attached to this filing.

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

Signature

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

***Note:* Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.**