

INSTRUCTIONS FOR FILING A **CUSTODY COMPLAINT FOR GRANDPARENTS AND THIRD PARTIES**

Warren and Forest Counties
Commonwealth of Pennsylvania

You may use this form to file for custody if:

- You are NOT 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 a grandparent or third party,

- A. Complete the attached **Complaint for Custody** form by following the included instructions.
- B. Complete a **Criminal Record/Abuse History Verification** form. Be sure to check either "yes" or "no" for every item listed.
- C. Complete a **Confidential Information Form** by listing each child's name, date of birth and initials. On all other forms only refer to a child by his or her 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: **\$125.25**

Submit completed forms and fee to:

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

Forest County Residents

Filing Fee: **\$115.25**

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/.



Instructions for Completing a Complaint for Custody Form for Grandparents and Third Parties

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

Print the name of an opposing party as a 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 a Defendant's name, place of residence, and telephone number in full.

Line 3

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

Line 4

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 5

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

Line 6

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 7

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 Defendants, who may claim to have custody rights of the child(ren) involved.

Line 8

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 9

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

Line 10(a)

If you are seeking *in loco parentis* status, check this box and provide the basis for your claim.

Line 10(b)

If you are a grandparent and seeking physical and/or legal custody, check this box and provide the basis for your claim.

Line 10(c)

If you are not a grandparent and seeking physical and/or legal custody, check this box and provide the basis for your claim.

Line 10(d)

If you are a grandparent or great-grandparent and seeking partial physical custody or supervised physical custody, check this box and provide the basis for your claim.

Signature Section

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

Sign your name and print your name, mailing address and telephone number.

Verification Section

Print the date you completed this form. After reviewing your Complaint, 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

and _____
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
(First Defendant's name)

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

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

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

4. 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).

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

Plaintiff currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

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

Defendant currently resides with the following persons:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

10. (a) Plaintiff is a person seeking physical or legal custody and is *in loco parentis* to the child(ren). Plaintiff has standing pursuant to 23 Pa.C.S. § 5324(2) because: _____

(b) Plaintiff is a grandparent seeking physical or legal custody and is not *in loco parentis* to the child(ren). Plaintiff has standing pursuant to 23 Pa.C.S. § 5324(3) because: _____

(c) Plaintiff is a person seeking physical or legal custody and is not *in loco parentis* to the child(ren). Plaintiff has standing pursuant to 23 Pa.C.S. § 5324(4) and (5) because: _____

(d) Plaintiff is a grandparent or great-grandparent seeking partial physical custody or supervised physical custody of grandchild(ren) or great-child(ren). Plaintiff has standing pursuant to 23 Pa.C.S. § 5325 because: _____

11. Plaintiff has 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 (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)

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

_____ COUNTY BRANCH
CIVIL

_____,
Plaintiff

No. _____ of _____

v.

In Custody

_____,
Defendant

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

I, _____, hereby swear or affirm, subject to penalties of law including 18 Pa.C.S. § 4904 relating to unsown falsification to authorities:

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 Yes or No		Crime	Self	Other household member	Date(s) of conviction, guilty plea, no contest plea or pending charges	Sentence
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Homicide	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Assault	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Terroristic Threats	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Stalking	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Restraint	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	False Imprisonment	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Luring a child into a motor vehicle or structure	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Rape	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Statutory Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Involuntary Deviate Sexual Intercourse	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Indecent Assault	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Indecent Assault	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Indecent Exposure	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Intercourse with Animal	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Conduct Relating to Sex Offenders	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Arson and related offenses	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Incest	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Concealing Death of Child	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Endangering Welfare of Children	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Dealing in Infant Children	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/>	<input type="checkbox"/>	Prostitution and related offenses	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Obscene and other sexual materials and performances	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Corruption of Minors	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Abuse of Children	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Contact with Minor	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Children	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Contempt for violation of protection order or agreement	<input type="checkbox"/>	<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"/>	<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 and Youth agency, including the following:

Yes	No		Self	Other household member	Date
<input type="checkbox"/>	<input type="checkbox"/>	A finding of abuse by a Children and Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Involvement with a Children and Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where?:	<input type="checkbox"/>	<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 unworn falsification to authorities.

Signature

Date

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

(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 Complaint for Custody, 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>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL
INFORMATION
FORM**



Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</p> <p>(full name of adult)</p> <p>OR</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p>	<p>Alternative Reference: SSN 3</p> <p>Alternative Reference: FAN 3</p>
<p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Driver's License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</p> <p>State Identification Number (SID):</p> <p>_____</p>	<p>Alternative Reference: DLN 3</p> <p>Alternative Reference: SID 3</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p>	<p>Alternative Reference: SSN 4</p> <p>Alternative Reference: FAN 4</p>
<p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Driver's License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</p> <p>State Identification Number (SID):</p> <p>_____</p>	<p>Alternative Reference: DLN 4</p> <p>Alternative Reference: SID 4</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p>	<p>Alternative Reference: SSN 4</p> <p>Alternative Reference: FAN 4</p>
<p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Driver's License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</p> <p>State Identification Number (SID):</p> <p>_____</p>	<p>Alternative Reference: DLN 4</p> <p>Alternative Reference: SID 4</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 Unites Judicial System of Pennsylvania* that require confidential information and documents differently than non-confidential information and documents.

Signature of Unrepresented Party or Attorney

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.**