

INSTRUCTIONS FOR FILING A **PETITION TO MODIFY CUSTODY**  
Warren and Forest Counties  
Commonwealth of Pennsylvania

You may use this form to request changes to an existing custody order if:

- A custody order has previously been entered by the Warren/Forest County Court, **and**
- You are listed as a party to the existing custody order.

To file a Petition to Modify Custody,

- A. Complete the attached **Petition to Modify 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. Attach a copy of the most recent custody order. If you do not have a copy, you may obtain one from the Prothonotary's Office at the courthouse (Warren: 814-728-3440 Forest: 814-755-3526).
- E. File the completed forms in person or by mail for scheduling of a date, time and courtroom for a conference. Your petition will be filed and a copy of the forms will be returned to you with further instructions regarding service.

**Warren County Residents**

Filing Fee: **none**

**Submit completed forms and fee to:**

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

**Forest County Residents**

Filing Fee: **none**

**Submit completed forms and fee to:**

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

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/](http://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 Petition for Modification of Custody Form**

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

### **Caption Section**

Print the county in which you are filing your petition.

Print the Plaintiff's name exactly as it appears on all other forms in this action.

Print the case number that has been assigned to your case. This can be found on your custody order.

Print the name of the Defendant exactly as it appears on all other forms in this action.

### **Line 1**

The person filing the Petition is the "Petitioner." Print your name, place of residence, and telephone number in full.

### **Line 2**

All other parties to the action are the "Respondents." Print each name, place of residence, and telephone number in full.

### **Line 3**

Print the date your custody order was entered.

Check what kind of legal custody was ordered.

Check what kind of physical custody was ordered.

### **Line 4**

Concisely explain why your custody order should be changed. (If you need more space, write on a separate page. Do not write on the back of this form, or in the margins).

### **Signature Section**

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.

**Attach a copy of the order you are asking the court to modify.**

IN THE COURT OF COMMON PLEAS  
OF THE 37<sup>TH</sup> JUDICIAL DISTRICT OF PENNSYLVANIA  
\_\_\_\_\_ COUNTY BRANCH  
CIVIL

\_\_\_\_\_  
Plaintiff

No. \_\_\_\_\_ of \_\_\_\_\_

v.

In Custody

\_\_\_\_\_  
Defendant

**PETITION FOR MODIFICATION OF A CUSTODY ORDER**

1. Petitioner is \_\_\_\_\_ and resides at  
(your name)

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

2. Respondent is \_\_\_\_\_ and resides at  
(other party's name)

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

3. Petitioner represents that on \_\_\_\_\_ an Order of  
(date of most recent custody Order)

Court was entered for (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*, a true and correct copy of which is attached.

4. This Order should be modified because (concisely state the reasons for your request):

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 the Court modify the existing Order because it will be in the best interest of the child(ren).

\_\_\_\_\_  
Petitioner (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

\_\_\_\_\_  
Petitioner (signature)

IN THE COURT OF COMMON PLEAS  
OF THE 37<sup>TH</sup> 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](http://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 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>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</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>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</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>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>



**CONFIDENTIAL  
INFORMATION  
FORM**



Additional page (if necessary)

<b>This Information Pertains to:</b>	<b>Confidential Information:</b>	<b>References in Filing:</b>
<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 United 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.**