

INSTRUCTIONS FOR PROPOSED RELOCATION

No party may make a change in the residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all of the applicable provisions of 23 Pa.C.S. §5337 and Pa.R.C.P. No. 1915.17 regarding relocation.

You cannot relocate with the child(ren) without following these procedures. If contemplating such a move, you are strongly urged to seek the advice of an attorney to make sure that you are following procedure correctly. You are not permitted to relocate your residence without either:

- The consent of every individual who has custody rights of the child(ren) to the proposed relocation OR
- The court's approval of the proposed relocation

CONFIDENTIAL INFORMATION FORM

A Confidential Information Form must be filed with the Complaint for Custody.

COVER SHEET

Fill in the top part of this form with your name and address and the defendant's name and address. In the box titled "Statutory Basis for Cause of Action", you should write the word "custody". You must sign and date the form at the bottom.

NOTICE

- (1) The party proposing the relocation must notify every party who has custody rights to the child(ren) of the proposed move. You must complete the attached "Notice of Proposed Relocation" and send the notice to all other parties
- (2) Notice must be given 60 days before the date of the proposed relocation OR 10 days after the date that the party knows about relocation only if the individual did not know and could not reasonably have reasonably known about the relocation to comply with the 60-day-notice or it is not possible to delay the date of relocation so as to comply with the 60-day-notice.
- (3) Notice shall be sent to every party who has custody rights to the child(ren), along with the "**counter-affidavit regarding relocation**" (explained in more detail below) by certified mail, return receipt requested, restricted delivery (addressee only) or pursuant to Pa.R.C.P. No. 1930.4.

NOTE: Fill out the case caption the same as it exists on the current custody order and/or custody complaint. The **Plaintiff** is the person who originally filed the custody complaint at the inception of the custody case and the **Defendant** is the person that originally had the custody action brought against them.

COUNTER-AFFIDAVIT REGARDING RELOCATION

In addition to filing a proposed notice of relocation, a party seek to relocate must also serve every party who has custody rights to the child(ren) with a counter-affidavit regarding relocation, which provides interested parties the ability to consent or object to relocation.

What to do if you receive a notice of relocation and a counter-affidavit regarding relocation?

- (1) If you receive a notice of relocation and a counter-affidavit, and you object to the proposed relocation, you must complete the counter-affidavit. The non-relocating party must serve the counter-affidavit on the party proposing the change by certified mail, return receipt requested, restricted delivery (addressee only) or pursuant to Pa.R.C.P. No. 1930.4 within 30 days of receipt of the notice of proposed relocation. If there is an existing custody case, the objecting party must also file the completed counter-affidavit with the Prothonotary's Office, Carbon County Courthouse, 4 Broadway, Jim Thorpe, PA, within 30 days from the day you receive the notice and counter-affidavit.
- (2) If no objection to the proposed change of the child(ren)'s residence is timely served after notice, the proposing party may change the residence of the child(ren) and this will not be considered a "relocation" under the statute.

CRIMINAL RECORD/ABUSE HISTORY VERIFICATION

Complete the caption as you did for the custody complaint. The person filing the complaint must file a verification regarding any criminal or abuse history that they, or anyone living with them, may have.

PENNSYLVANIA RULE OF CIVIL PROCEDURE 1930.4 SERVICE OF ORIGINAL PROCESS IN DOMESTIC RELATIONS MATTERS

Proper service is required. Kindly review this rule which explains the proper procedure for effecting service.

SELF-REPRESENTED PARTY ENTRY OF APPEARANCE

If you are choosing to represent yourself in this custody matter without the assistance of an attorney, then you should fill out the self-represented party entry of appearance.

DISCLAIMER

COURT STAFF ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THIS PACKET IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTION TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING THE RELIANCE ON THEIR CONTENTS.

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 _____, dated _____.

Pursuant to the *Case Records Public Access Policy of 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:
<div>(full name of adult)</div> <div>OR</div> <div>This information pertains to a minor with the initials of _____ and the full name of _____</div> <div>(full name of minor)</div> <div>and date of birth: _____</div>	<div>Social Security Number (SSN): _____</div> <div>Financial Account Number (FAN): _____</div> <div>Driver License Number (DLN): _____</div> <div>State of Issuance: _____</div> <div>State Identification Number (SID): _____</div>	<div>Alternative Reference: SSN 1</div> <div>Alternative Reference: FAN 1</div> <div>Alternative Reference: DLN 1</div> <div>Alternative Reference: SID 1</div>
<div>(full name of adult)</div> <div>OR</div> <div>This information pertains to a minor with the initials of _____ and the full name of _____</div> <div>(full name of minor)</div> <div>and date of birth: _____</div>	<div>Social Security Number (SSN): _____</div> <div>Financial Account Number (FAN): _____</div> <div>Driver License Number (DLN): _____</div> <div>State of Issuance: _____</div> <div>State Identification Number (SID): _____</div>	<div>Alternative Reference: SSN 2</div> <div>Alternative Reference: FAN 2</div> <div>Alternative Reference: DLN 2</div> <div>Alternative Reference: SID 2</div>

**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 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: _____

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

**CONFIDENTIAL
INFORMATION
FORM**



Additional page (if necessary)

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 _____</p> <p>_____ (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 License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
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CONFIDENTIAL INFORMATION FORM



Instructions for Completing the Confidential Information Form

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
6. Abuse victim's address and other contact information, including employer's name, address and work schedule, in family court actions as defined by Pa.R.Civ.P. 1931(a), except for victim's name. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.Civ.P. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.Civ.P. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof; a magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**CONFIDENTIAL
INFORMATION
FORM**



Abuse Victim Addendum

Instructions for Completing the Abuse Victim Addendum: The Abuse Victim Addendum shall accompany a filing where confidential information is being provided by an abuse victim, as defined in this policy, **in family court actions** (see Pa.R.Civ.P. 1931(a)), **as required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter.** This addendum, and any additional pages, shall only be provided to the court and shall remain confidential. The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.

Type of Family Court Action		
Divorce, Annulment, Dissolution of Marriage		Child Custody
Support	Paternity	Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
_____ (full name of abuse victim)	AV Address: _____	Alternative Reference: AV 1 Address
_____ Docket/Case No. of Protection Order	AV Employer's Name & Address: _____	Alternative Reference: AV 1 Employer's Name & Address
_____ Court/County	AV Work Schedule: _____	Alternative Reference: AV 1 Work Schedule
	AV Other contact information: _____	Alternative Reference: AV 1 Other contact information

Attach additional page(s) if necessary.

**CONFIDENTIAL
INFORMATION
FORM**



Abuse Victim Addendum

Additional page (if necessary)

Type of Family Court Action <div> <div>Divorce, Annulment, Dissolution of Marriage</div> <div>Child Custody</div> </div> <div> <div>Support</div> <div>Paternity</div> <div>Protection from Abuse</div> </div>		
This Information Pertains to:	Confidential Information:	References in Filing:
<div>_____</div> <div>(full name of abuse victim)</div> <div>_____</div> <div>Docket/Case No. of Protection Order</div> <div>_____</div> <div>Court/County</div>	<div>AV Address:</div> <div>_____</div> <div>AV Employer's Name & Address:</div> <div>_____</div> <div>AV Work Schedule:</div> <div>_____</div> <div>AV Other contact information:</div> <div>_____</div>	<div>Alternative Reference:</div> <div>AV __ Address</div> <div>Alternative Reference:</div> <div>AV __ Employer's Name & Address</div> <div>Alternative Reference:</div> <div>AV __ Work Schedule</div> <div>Alternative Reference:</div> <div>AV __ Other contact information</div>

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<p align="center">Court of Common Pleas of Carbon County</p> <p align="center">Civil Cover Sheet</p>		<p align="center">For Prothonotary Use only (Docket Number)</p>
<p>PLAINTIFF'S NAME: Enter names (last, first, middle initial) of plaintiff. If the plaintiff is a government agency or corporation, use the full name of the agency or corporation. In the event there are more than two plaintiffs, list the additional parties on a separate sheet of paper. Husband and wife should be listed as separate parties.</p>		<p>DEFENDANT'S NAME: Enter names (last, first, middle initial) of defendant. If the defendant is a government agency or corporation, use the full name of the agency or corporation. In the event there are more than two defendants, list the additional parties on a separate sheet of paper. Husband and wife should be listed as separate parties.</p>
<p>PLAINTIFF'S ADDRESS & TELEPHONE NUMBER: Enter the address and telephone numbers of the parties at the time of filing of the action. If any party is a corporation, enter the address and telephone number of the registered office of the corporation.</p>		<p>DEFENDANT'S ADDRESS AND TELEPHONE NUMBER: Enter the address and telephone numbers of the parties at the time of filing of the action. If any party is a corporation, enter the address and telephone number of the registered office of the corporation.</p>
<p>ADDITIONAL PLAINTIFF'S NAME:</p>		<p>ADDITIONAL DEFENDANT'S NAME:</p>
<p>ADDITIONAL PLAINTIFF'S ADDRESS/ TELEPHONE NO:</p>		<p>ADDITIONAL DEFENDANT'S ADDRESS /TELEPHONE NO:</p>
<p>TOTAL NUMBER OF PLAINTIFFS: Indicate the total number of plaintiffs and the total number of defendants in the action.</p>		<p>TOTAL NUMBER OF DEFENDANTS: Indicate the total number of plaintiffs and the total number of defendants in the action.</p>
<p>STATUTORY BASIS FOR CAUSE OF ACTION If the action is commenced pursuant to statutory authority ("Petition Action"), the specific statute must be cited</p>		
<p>RELATED PENDING CASES: (All previously filed related cases must be identified by docket number. Indicated whether they have been consolidated by Court Order or Stipulation.)</p>		
<p>TO THE PROTHONOTARY: Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant. Papers may be served at the address set forth below.</p>		
<p>NAME OF PLAINTIFF'S/APPELLANT'S ATTORNEY: Unrepresented filers must provide their name, address, telephone number and signature.</p>		<p>ADDRESS</p>
<p>PHONE NUMBER</p>	<p>SUPREME COURT IDENTIFICATION NUMBER</p>	<p>E-MAIL ADDRESS:</p> <hr/> <p>FAX NO. (OPTIONAL – FOR SERVICE): Providing the fax number shall authorize the service of legal papers by facsimile transmission. See Pa.R.CP.440(d)</p>
<p>DATE: _____ SIGNATURE: _____</p>		

IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA

CIVIL ACTION

_____	:	
Plaintiff	:	
	:	
	:	NO.
	:	
vs.	:	
	:	
_____	:	
Defendant	:	

NOTICE OF PROPOSED RELOCATION

This proposal of relocation involves the following child(ren):

Child's Name	Age	Currently residing at:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. The _____ (Mother/Father/Other) proposes to relocate the above child(ren) to:

_____.

2. The mailing address for the proposed new residence is:

___ same as address of proposed new residence
___ as listed below:

3. The names and ages of the individuals who will reside in the new residence or who intend to live in the new residence are:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. The telephone number of the proposed new residence is:

____ Not yet available

____ As follows: _____

5. The name of the new school district and school(s) that the child(ren) will attend is/are:

Child's name	Name of School	School District
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. The date of the proposed relocation is: _____

7. The reasons for the proposed relocation are:

8. If permitted to relocate, the proposed custody schedule is as follows:

9. I believe the following information is also important to explain my proposed relocation:

10. A Counter-Affidavit is attached, which can be used by any other party to object to the proposed relocation and the modification of the existing Custody Order.

WARNING: If a non-relocating party does not file an objection with the Court to the proposed relocation within thirty (30) days after receipt of this Notice, the party may not object to the relocation.

I verify that the statements made in this notice are true and correct based upon information provided to me by the petitioner. 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: _____

Petitioner/Attorney

IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA

CIVIL ACTION

_____	:	
Plaintiff	:	
	:	NO.
	:	
vs.	:	
	:	
_____	:	
Defendant	:	

COUNTER-AFFIDAVIT REGARDING RELOCATION

This proposal of relocation involves the following child/children:

Child's Name	Age	Currently residing at:
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I have received a Notice of Proposed Relocation and *(check all that apply)*:

___ I do not object to the relocation and I do not object to the modification of the Custody order consistent with the proposal for revised custody schedule as attached to the Notice.

___ I do not object to the relocation, but I do object to the modification of the Custody Order and I request that a hearing be scheduled:

___ prior to allowing _____(name of the child(ren)) to relocate.

___ after _____(name of the child(ren)) relocate.

___ I do object to the relocation and I do object to the modification of Custody Order and I further request that a hearing be held on both matters prior to the relocation taking place.

I understand that in addition to objecting to the relocation or modification of the custody order above, I must also serve this counter-affidavit on the other party by certified mail, return receipt requested, addressee only, or pursuant to Pa.R.C.P. No. 1930.4, and, if there is an existing custody case, I must file this counter-affidavit with the court. If I fail to do so within thirty (30) days of my receipt of the proposed relocation notice, I understand that I will not be able to object to the relocation at a later time.

I verify that the statements made in this counter-affidavit 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

**IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW**

PLAINTIFF	:	
VS.	:	Custody No.
DEFENDANT	:	

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. § 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"/>	_____	_____
<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"/>	_____	_____
<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"/>	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 record/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.

Signature

Printed Name

Pennsylvania Rule of Civil Procedure 1930.4. Service of Original Process in Domestic Relations Matters.

(a) *Persons Who May Serve.* Original process in all domestic relations matters may be served by the sheriff or a competent adult:

(1) by handing a copy to the defendant; or

(2) by handing a copy;

(i) at the residence of the defendant to an adult member of the family with whom the defendant resides; but if no adult member of the family is found, then to an adult person in charge of such residence; or

(ii) at the residence of the defendant to the clerk or manager of the hotel, inn, apartment house, boarding house or other place of lodging at which the defendant resides; or

(iii) at any office or usual place of business of the defendant to the defendant's agent or to the person for the time being in charge thereof.

(3) or pursuant to special order of court.

Note: See Rule 76 for the definition of "competent adult." Service upon an incarcerated person in a domestic relations action must also include notice of any hearing in such action, and specific notice of the incarcerated individual's right to apply to the court for a writ of habeas corpus ad testificandum to enable him or her to participate in the hearing. The writ is available where an incarcerated individual wishes to testify as provided by statute or rule, as well as where the individual's testimony is sought by another. *Vanaman v. Cowgill*, 363 Pa. Super. 602, 526 A.2d 1226 (1987). See 23 Pa.C.S.A. § 4342(j) and Rule 1930.3. In determining whether a writ of habeas corpus ad testificandum should be issued, a court must weigh the factors set forth in *Salemo v. Salemo*, 381 Pa. Super. 632, 554 A.2d 563 (1989).

(b) *Service in Protection From Abuse Matters.* In Protection from Abuse matters only, original process may also be served by an adult using any means set forth in subdivision (a) above. If personal service cannot be completed within forty-eight (48) hours after a Protection From Abuse petition is filed, the court may, by special order as set forth in subdivision (a)(3) above, authorize service by another means including, but not limited to, service by mail pursuant to subdivision (c) of this rule.

(c) *Service by Mail.* Except in Protection from Abuse matters unless authorized by special order of court pursuant to subdivision (b) above, original process may also be served by mailing the complaint and order to appear, if required, to the defendant's last known address by both regular and certified mail. Delivery of the certified mail must be restricted to addressee only, and a return receipt must be requested.

(1) If the certified mail is refused by defendant, but the regular mail is not returned within fifteen (15) days, service may be deemed complete.

(2) If the mail is returned with notation by the postal authorities that it was unclaimed, service shall be made by another means pursuant to these rules.

(d) *Acceptance of Service.* In lieu of service pursuant to this rule, the defendant or the defendant's authorized agent may accept service of original process by filing with the prothonotary a separate document which shall be substantially in the following form:

(Caption)

ACCEPTANCE OF SERVICE

I accept service of the _____ . (NAME OF DOCUMENT) I certify that I am authorized to accept service on behalf of the defendant.

DATE

DEFENDANT OR AUTHORIZED AGENT MAILING ADDRESS

Note : If defendant accepts service personally, the second sentence should be deleted.

(e) *Time for Service Within the Commonwealth.* Original process shall be served within the Commonwealth within thirty days of the filing of the petition or complaint.

(f) *Service Outside of the Commonwealth.* Original process shall be served outside the Commonwealth within ninety days of the filing of the complaint:

- (1) by any means authorized by this rule; or
- (2) in the manner provided by the law of the jurisdiction in which defendant will be served; or
- (3) in the manner provided by treaty; or
- (4) as directed by the foreign authority in response to a letter rogatory or request.

Note: Sections 5323 and 5329(2) of the Judicial Code, 42 Pa.C.S. § § 5323 and 5329(2), provide additional alternative procedures for service outside the Commonwealth. For Protection from Abuse matters, personal service outside of the Commonwealth must first be attempted before service can be made by

certified and regular mail or by any of the other means prescribed in subsection (f) of this Rule for out-of-state service.

(g) *Reinstatement of Complaint.* If service is not made as required by subdivision (e) or (f) of this rule, the prothonotary upon praecipe accompanied by the original process, or praecipe indicating that the original complaint has been lost or destroyed accompanied by a substituted complaint, shall reinstate the complaint.

(1) A complaint may be reinstated at any time and any number of times. A new party defendant may be named in a reinstated complaint.

(2) A reinstated complaint shall be served as required by subdivision (e) or (f) of this rule.

(h) *Proof of Service.* Proof of service shall be made as follows:

(1) The person making service of original process shall make a return of service forthwith. If service has not been made within the time allowed, a return of no service shall be made upon the expiration of the period allowed for service.

(2) Proof of service shall set forth the date, time, place and manner of service, the identity of the person served and any other facts necessary for the court to determine whether proper service has been made.

(3) Proof of service by a person other than the sheriff shall be by affidavit. If a person other than the sheriff makes a return of no service, the affidavit shall set forth with particularity the efforts made to effect service.

(4) Proof of service by mail shall include a return receipt signed by the defendant or, if the defendant has refused to accept mail service, the returned letter with the notation that the defendant refused to accept delivery, and an affidavit that the regular mail was not returned within fifteen days after mailing.

(5) Proof of service or of no service shall be filed with the prothonotary.

(6) An executed Acceptance of Service shall be filed in lieu of a Proof of Service where defendant accepts service of original process.

(i) *Appearance at Hearing or Conference.* Regardless of the method of service, a party who appears for the hearing or conference will be deemed to have been served.

IN THE COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA

CIVIL DIVISION

ENTRY OF APPEARANCE

In accordance with Carbon County Rule of Civil Procedure CARB.R.C.P.
1012 governing a Self-Represented Party:

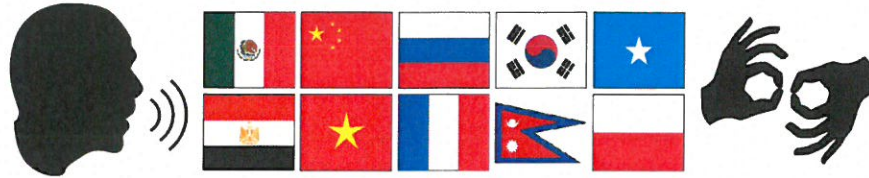
I _____, Plaintiff or Defendant (circle one) choose to represent myself and provide the following address where pleadings and other legal papers can be served and a telephone number through which I can be contacted. This Entry of Appearance shall remain in full force and effect unless superseded with an Entry of Appearance by an attorney.

_____	_____
Street Address	Telephone Number
_____	_____
City, State, Zip Code	Facsimile Number (Governed by PA Rule of Civil Procedure 440 (d))

In accordance with Carbon County Rule of Civil Procedure 1012, a self-represented party is under a continuing obligation to provide current contact information to the court, to other self-represented parties, and to attorneys of record.

_____	_____
Signature	Date

Notice of Language Rights



Language Access Coordinator
PO Box 131 Jim Thorpe, PA 18229
570-325-8556 x3201
languageaccesscoordinator@carboncourts.com

English: You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information provided at the top of this notice.

Spanish/Español: Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.

Mandarin/Cantonese Simplified Chinese/普通话/粤语简体中文: 您有权获得免费的口译员服务。若需要口译员，请使用本通知上方提供的联系信息通知法院工作人员。

Mandarin/Cantonese Traditional Chinese/普通話/廣東話繁體中文: 您有權要求免費傳譯服務。如欲要求傳譯服務，請參閱本通知頂部的聯絡資料，通知法庭職員。

العربية/Arabic: يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. لطلب مترجم، يُرجى إعلام موظفي المحكمة باستخدام معلومات الاتصال المقدمة في الجزء العلوي من هذا الإشعار.

Russian/Русский: У вас есть право на бесплатные услуги переводчика. Заявка на переводчика подается в суд по адресу, телефону или эл. почте, указанным выше в заголовке этого уведомления.

Vietnamese/Tiếng Việt: Quý vị có quyền được một thông dịch viên giúp mà không tốn chi phí nào cả, xin hãy báo cho nhân viên tòa án dùng thông tin liên lạc có ở trên đầu thông báo này.

Nepali/नेपाली: तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न,

यस सूचनाको साथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

Korean/한국어: 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알리십시오.

Polish/Polski: Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

Pakistan/پنجابی/Punjabi: تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میربانی کر کے ایس نوٹس دے اوئے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔

Punjabi/ਪੰਜਾਬੀ/India: ਤੁਹਾਨੂੰ ਇਕ ਦੁਬਾਸੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਬਾਸੀਏ ਲਈ

ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਚਿੱਤੀ ਸੰਪਰਕ

ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

Portuguese/Português: Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

Somali/Somaali: Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

Haitian Creole/Kreyòl Ayisyen: Ou gen dwa resevwa sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsonèl tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt avi sa a.

French/Français: Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.