

**IN THE COURT OF COMMON PLEAS OF NORTHAMPTON COUNTY,  
PENNSYLVANIA**

Plaintiff	)	
	)	
vs.	)	<b>CUSTODY</b>
	)	
Defendant	)	<b>DOCKET NO.</b>

To the Prothonotary/Clerk of Said Court:

Place the above case on the \_\_\_\_\_ Custody Master Conference List for:

\_\_\_\_\_  
\*Note that case cannot be listed for the following Thursday or Friday

\_\_\_\_\_ Non-Jury List for:

\_\_\_\_\_  
\*Master's conference must have been conducted prior to Non-Jury Trial

\_\_\_\_\_ Miscellaneous Hearing List for:

\_\_\_\_\_  
\*Master's conference must have been conducted prior to Misc. Hearing

Subject Matter:                      Custody

Signature of Attorney/Party filing Praecipe: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Supreme Court ID No.: \_\_\_\_\_ Attorney for: \_\_\_\_\_

Name of opposing counsel or Address of Opposing Party: \_\_\_\_\_

\_\_\_\_\_  
Has any Master previously heard this case? If so, who: \_\_\_\_\_

MUST BE LEGIBLY PRINTED OR TYPED!  
PLEASE BE ADVISED THAT UNLESS AN ENTRY OF APPEARANCE IS ENTERED,  
COUNSEL WILL NOT RECEIVE NOTICE OF ANY PROCEEDING.

**IN THE COURT OF COMMON PLEAS OF NORTHAMPTON  
COUNTY, PENNSYLVANIA**

	)	
	)	
Plaintiff	)	C-48-CV- _____
	)	
	)	
vs.	)	
	)	
	)	
	)	
Defendant	)	

**ORDER OF COURT**

**You,** \_\_\_\_\_, (Defendant) (Respondent), have been sued in court to (OBTAIN) (MODIFY) (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):  
\_\_\_\_\_ (Child(ren)'s Initials)

You are ordered to appear in person at the **Custody Mediation Room of the Northampton County Courthouse 669 Washington Street, Easton, PA 18042** on \_\_\_\_\_ (Date), at **TIME TBD** for a custody conference.

If you fail to appear as provided by this order, an order for custody may be entered against you or the court may issue a warrant for your arrest.

You must file with the court a verification regarding any criminal record or abuse history regarding you and anyone living in your household at the initial in-person contact with the court (including, but not limited to, a conference with a conference officer or judge or conciliation) or within 30 days after of service of the initiating

pleading, whichever occurs first.

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.Civ.P. 1915.17 regarding relocation.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

**LAWYER REFERRAL SERVICE  
155 SOUTH NINTH STREET  
EASTON, PA 18042  
(610)258-6333**

**AMERICANS WITH DISABILITIES ACT OF 1990**

The Court of Common Pleas of Northampton County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

BY THE COURT:

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Judge

**IN THE COURT OF COMMON PLEAS OF NORTHAMPTON COUNTY  
COMMONWEALTH OF PENNSYLVANIA  
CIVIL DIVISION - LAW**

No.: C-48-CV-

Plaintiff,

vs.

Defendant.

**COMPLAINT FOR CUSTODY**

1. The Plaintiff is \_\_\_\_\_ residing at \_\_\_\_\_ [Address],  
which is located in \_\_\_\_\_ County.
2. The Defendant is \_\_\_\_\_ residing  
at \_\_\_\_\_ [Address],  
which is located in \_\_\_\_\_ County.
3. Plaintiff seeks (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):

Child's Initials

Present Residence

Age


4. The child (was) (was not) born out of wedlock (circle one).

5. The child is presently in the custody of \_\_\_\_\_ [Name]  
who resides at \_\_\_\_\_

6. During the past five years the child has resided with the following  
persons and at the following addresses:

(List All Persons)

(List All Addresses)

(Dates)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. A parent of the child is \_\_\_\_\_ [Name],  
currently residing at \_\_\_\_\_

This parent is (married) (divorced) (single). Circle one.

8. A parent of the child is \_\_\_\_\_ [Name],  
currently residing at \_\_\_\_\_

This parent is (married) (divorced) (single). Circle one.

9. Plaintiff's relationship to the child is that of \_\_\_\_\_ and  
Plaintiff currently resides with the following persons:

Name

Relationship

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10. Defendant's relationship to the child is that of \_\_\_\_\_  
and Plaintiff currently resides with the following persons:

Name

Relationship

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11. Plaintiff (has) (has not) participated as a party or witness, or in  
another capacity, in other litigation concerning the custody of the  
child(ren) in this or another court. The court, term and number, and its  
relationship to this action is:

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12. Plaintiff (has) (has no) information of a custody proceeding  
concerning the child pending in a court of this Commonwealth or any  
other state. The court, term and number, and its relationship to this  
action is: \_\_\_\_\_.

13. Plaintiff (knows) (does not know) of a person not a party to these  
proceedings who has physical custody of the child or claims to have

custodial rights with respect to the child. The name and address of such person is: \_\_\_\_\_

14. The child's best interest and permanent welfare will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the child's best interest and permanent welfare):

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15. 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 (provide their Name, Address, and Basis of Claim):

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16. Petitioner has attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.Civ.P. 1915.3-2.

**WHEREFORE,** Plaintiff requests that the Court grant Plaintiff (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).

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Plaintiff -or- Attorney for Plaintiff

I verify that the statements made in this petition 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.

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Date

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Plaintiff



IN THE COURT OF COMMON PLEAS OF NORTHAMPTON COUNTY  
COMMONWEALTH OF PENNSYLVANIA  
CIVIL DIVISION - LAW

Plaintiff,          vs.          Defendant.	No.: C-48-CV- _____
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**CUSTODY CONFERENCE STATEMENT**

My name is \_\_\_\_\_, age \_\_\_\_\_.

DOB \_\_\_\_\_ and I am the Plaintiff/Defendant (circle one) in the above-captioned case.

My address is \_\_\_\_\_

which is located in \_\_\_\_\_ school district.

I am employed by \_\_\_\_\_

as a \_\_\_\_\_ since \_\_\_\_\_

My work hours are \_\_\_\_\_

My relationship to the child is \_\_\_\_\_

(Example: Mother, Father, Maternal Grandmother, Paternal Grandfather, etc)

Plaintiff and Defendant married on or about \_\_\_\_\_.

Plaintiff and Defendant separated on or about \_\_\_\_\_.

***\*\*This form is not a substitute for a Petition. If you wish to make your own, or additional claims, to be considered by a trier-of-fact you must file your own Petition\*\****

Plaintiff and Defendant divorced on or about \_\_\_\_\_.

The child(ren) involved in this matter is/are (initials of children ONLY):

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Where has the child(ren) resided during his/her lifetime?

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What is the current custody arrangement, if any?

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Are there any special circumstances/needs regarding the parties, the child(ren), or the situation?

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Describe each child's physical and mental health, and school performance.

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As concisely as possible, state what you are asking the Court to do and why?

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***\*\*This form is not a substitute for a Petition. If you wish to make your own, or additional claims, to be considered by a trier-of-fact you must file your own Petition\*\****

Can you propose a settlement agreement between you and the opposing party? If yes, please provide:

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Other Comments:

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DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

***\*\*This form is not a substitute for a Petition. If you wish to make your own, or additional claims, to be considered by a trier-of-fact you must file your own Petition\*\****

# 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](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 Criminal Record / Abuse Hx, 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:
<input type="checkbox"/> Financial Source Documents	
<input type="checkbox"/> Tax Returns and schedules	
<input type="checkbox"/> W-2 forms and schedules including 1099 forms or similar documents	
<input type="checkbox"/> Wage stubs, earning statements, or other similar documents	
<input type="checkbox"/> Credit card statements	
<input type="checkbox"/> Financial institution statements (e.g., investment/bank statements)	
<input type="checkbox"/> Check registers	
<input type="checkbox"/> Checks or equivalent	
<input type="checkbox"/> Loan application documents	
<input type="checkbox"/> Minors' educational records	
<input type="checkbox"/> Medical/Psychological records	
<input type="checkbox"/> Children and Youth Services' records	
<input type="checkbox"/> Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.C.P. No. 1920.33	
<input type="checkbox"/> Income and Expense Statement as provided in Pa.R.C.P. No. 1910.27(c)	
<input type="checkbox"/> Agreements between the parties as used in 23 Pa.C.S. §3105	
<input checked="" type="checkbox"/> Per Pa. R.C.P. 1915.3-2 - effective 7/1/2025	1 Entire document

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 NORTHAMPTON  
COUNTY COMMONWEALTH OF PENNSYLVANIA  
CIVIL DIVISION - LAW**

<p style="text-align: center;">Plaintiff,</p> <p style="text-align: center;">vs.</p> <p style="text-align: center;">Defendant.</p>	<p>No.: C-48-CV- _____</p>
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☐ **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 adult members in your/the participant's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Child(ren)

\_\_\_\_\_ 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:

Name	Date of Birth	Address	Relationship to Child(ren)

\_\_\_\_\_ Party has a confidential address 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)

**SUBJECT CHILD(REN)** – Attach additional sheets if necessary:

Name	Date of Birth

## 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"/>	_____	_____
<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"/>	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<br>Protection of Victims of<br>Sexual Violence and<br>Intimidation order or<br>agreement under 42 Pa.C.S. §<br>62A14 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Driving under the influence<br>of drugs or alcohol  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Manufacture, sale, delivery,<br>holding, offering for sale, or<br>possession of any controlled<br>substance or other drug or<br>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.

<b>Check all that apply</b>		<b>Self</b>	<b>Household member</b>	<b>Child</b>
<input type="checkbox"/>	Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	What jurisdiction?: _____			
<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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	What jurisdiction?: _____			

☐ 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? \_\_\_\_\_

☐ A history of perpetrating "abuse" as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102. ☐ ☐ ☐

☐ 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). ☐ ☐ ☐

☐ Other: \_\_\_\_\_ ☐ ☐ ☐

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 unsworn falsification to authorities.

---

Date

---

Plaintiff/Defendant Signature

---

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.

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Signature of Filer/Party

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Printed Name