

# CUSTODY COMPLAINT

IT IS STRONGLY RECOMMENDED THAT YOU CONSULT AN ATTORNEY

1. Please insert your name on the first line on the top left side of the form (This is called the caption).
2. Insert the name(s) of the other party on the second line on the top left side of the form. You are the “Plaintiff” and the other party is the “Defendant”.
3. Leave the case number section blank; you will receive a case number once you have filed this document in the Prothonotary’s Office (2<sup>nd</sup> Floor of the Courthouse).
4. Answer all the questions on the form completely.
5. Complete the Criminal Record/Abuse History Verification completely.
6. Sign the Confidential Information Verification Form indicating that your document complies with all requirements regarding confidential information.
7. Place any Confidential Information on the Form labeled CONFIDENTIAL INFORMATION FORM; this includes the full names of any minor children. You need not include additional Confidential Information (such as Social Security Numbers) unless this information is required by law, ordered by the court, or referenced in your document.
8. Complete and attach the document titled “Order” but leave all lines below the child’s initials and age blank.

## DISCLAIMER

THE STAFF IN ANY COURT OFFICE IS UNABLE 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 ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS.



7. A parent of the child is (name) \_\_\_\_\_ currently residing at (street, city, state, zip code, county) \_\_\_\_\_.  
This parent is: (married) (divorced) (single).

A parent of the child is (name) \_\_\_\_\_ currently residing at (street, city, state, zip code, county) \_\_\_\_\_.  
This parent is: (married) (divorced) (single).

8. The relationship of plaintiff to the child(ren) is that of \_\_\_\_\_  
The plaintiff currently resides with the following person/s: \_\_\_\_\_

9. The relationship of defendant to the child(ren) is that of \_\_\_\_\_  
The defendant currently resides with the following person/s: \_\_\_\_\_

10. The plaintiff (circle one): (**has**) or (**has not**) participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child(ren) or knows information of a custody proceeding concerning the child(ren) in this or another court. The court, term and number, and its relationship to this action is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Plaintiff (circle one): (**has**) or (**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: \_\_\_\_\_

12. Plaintiff (circle one): (**knows**) or (**does not know**) of a person not a party to the 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: \_\_\_\_\_  
\_\_\_\_\_

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

14. Each parent whose parental rights to the child have not been terminated and the person who has physical custody of the child have been named as parties to this action. All other persons, named below, who are known to have or claim a right to custody of the child will be given notice of the pendency of this action and the right to intervene:

Name	Address	Basis of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. If the plaintiff is a grandparent who is not in loco parentis to the child and is seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5323, you must set forth facts establishing standing pursuant to 23 Pa.C.S. § 5324(3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. If the plaintiff is a grandparent or great-grandparent who is seeking partial physical custody or supervised custody pursuant to 23 Pa.C.S. § 5325, you must set forth facts establishing standing pursuant to § 5325.  
\_\_\_\_\_  
\_\_\_\_\_

17. If the plaintiff is a person seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5324(2) as a person who stands in loco parentis to the child, you must set forth facts establishing standing.  
\_\_\_\_\_  
\_\_\_\_\_

18. 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 (circle 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).

Respectfully submitted,

Date \_\_\_\_\_

\_\_\_\_\_



Name \_\_\_\_\_ Plaintiff

vs.

Name \_\_\_\_\_ Defendant

IN THE COURT OF COMMON PLEAS  
WAYNE COUNTY, PENNSYLVANIA

NO. \_\_\_\_-\_\_\_\_-DR

### 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:

- 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 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. § 2702 (relating to aggravated assault)	<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. § 2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- |                          |   |                          |                          |       |       |
|--------------------------|---|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa.C.S. § 2902<br>(relating to unlawful restraint)                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 2903<br>(relating to false imprisonment)                               | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 2910<br>(relating to luring a child into a motor vehicle or structure) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 3121<br>(relating to rape)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 3122.1<br>(relating to statutory sexual assault)                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 3123<br>(relating to involuntary deviate sexual intercourse)           | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 3124.1<br>(relating to sexual assault)                                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 3125<br>(relating to aggravated indecent assault)                      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 3126<br>(relating to indecent assault)                                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 3127<br>(relating to indecent exposure)                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 3129<br>(relating to sexual intercourse with animal)                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 3130<br>(relating to conduct relating to sex offenders)                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 3301<br>(relating to arson and related offenses)                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 4302<br>(relating to incest)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

- |                          |  |                          |                          |       |       |
|--------------------------|--|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | 18 Pa.C.S. § 4303<br>(relating to concealing<br>death of child)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 4304<br>(relating to endangering<br>welfare of children)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 4305<br>(relating to dealing in<br>infant children)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 5902(b)<br>(relating to prostitution<br>and related offenses)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 5903(c) or (d)<br>(relating to obscene and<br>other sexual materials<br>and performances)                                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6301<br>(relating to corruption of<br>minors)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6312<br>(relating to sexual abuse<br>of children)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6318<br>(relating to unlawful<br>contact with minor)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 18 Pa.C.S. § 6320<br>(relating to sexual<br>exploitation of children)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | 23 Pa.C.S. § 6114<br>(relating to contempt for<br>violation of protection<br>order or agreement)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Driving under the<br>influence of drugs or<br>alcohol  | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Manufacture, sale,<br>delivery, holding,<br>offering for sale or<br>possession of any<br>controlled substance or<br>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/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**

\_\_\_\_\_  
Name Plaintiff

vs.

\_\_\_\_\_  
Name Defendant

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IN THE COURT OF COMMON PLEAS  
WAYNE COUNTY, PENNSYLVANIA

NO. \_\_\_\_-\_\_\_\_-DR

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CONFIDENTIAL INFORMATION VERIFICATION

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

Date \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

**CONFIDENTIAL  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

*Public Access Policy of the Unified Judicial System of Pennsylvania:  
Case Records of the Appellate and Trial Courts  
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 *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*, 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 _____</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'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 _____</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'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>

Name \_\_\_\_\_ Plaintiff

vs.

IN THE COURT OF COMMON PLEAS  
WAYNE COUNTY, PENNSYLVANIA

Name \_\_\_\_\_ Defendant

NO. \_\_\_\_ - \_\_\_\_ -DR

**ORDER**

You, \_\_\_\_\_, (defendant's name) have been sued in Court to obtain: (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the following children:

(Children's Initials and Age)

You are Ordered to appear **in person** at the Wayne County Courthouse, 925 Court Street, Honesdale, Pennsylvania on \_\_\_\_\_ at \_\_\_\_\_ .m. for a:

\_\_\_ Conciliation Conference, Arbitration Room, 4<sup>th</sup> Floor.

Appointed Master:  Warren Schloesser, Esq.  Pamela S. Wilson, Esq.  Other: \_\_\_\_\_

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 on or before the initial in-person contact with the court (including, but not limited to, a conference with a conference officer or judge or conciliation) but not later than 30 days after service of the complaint or petition.

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 provision of 23 Pa.C.S. § 5337 and Pa.R.C.P. No. 1915.17 regarding relocation.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

North Penn Legal Services  
925 Court Street  
Honesdale, PA 18431  
(877) 953-4250

### **AMERICANS WITH DISABILITY ACT OF 1990**

The Court of Common Pleas of Wayne County, Pennsylvania 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 with the Court, please contact the Court Administrator at (570) 253-0101. All arrangements must be made at least 72 hours before any hearing or business before the Court.

You must attend the scheduled conference or hearing.

FOR THE COURT:

DATE \_\_\_\_\_

\_\_\_\_\_

CC:  
Plaintiff  
Defendant  
Custody Master  
Court Administration