

**IN THE COURT OF COMMON PLEAS
OF PIKE COUNTY, PENNSYLVANIA
CIVIL**

Plaintiff	:	
	:	Custody Complaint
	:	No. _____ - _____ Civil
Defendant	:	
	:	IN CUSTODY

COVER SHEET

(To be attached to the pleading- Fill out COMPLETELY including docket number)

- | | |
|-------------------------|-----------------|
| 1. PLAINTIFF | DEFENDANT |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |
| Attorney: _____ | Attorney: _____ |
2. Names and ages of all children involved; state with whom living;
- _____
- _____
- _____
3. Have you attended Kids First Class: Plaintiff _____ Defendant _____
4. Status of current custody orders or custody arrangements.

5. Has there been any domestic violence between you and the other party within the past twenty-four (24) months? _____ Yes _____ No

If so, explain:

6. Have any of the children involved in this case been the subject of child abuse within the past twenty-four (24) months? _____ Yes _____ No

If so, explain:

7. Have there been any Protection from Abuse Orders involving you and the other parent and/or children within the past twenty-four (24) months? _____ Yes _____ No

If so, explain:

Date Signed: _____ Submitted By: _____

O _____ M _____ C/H _____ MOU _____ FO _____ W/D _____

**IN THE COURT OF COMMON PLEAS
OF PIKE COUNTY, PENNSYLVANIA
CIVIL**

Plaintiff	:	
	:	No. _____ - _____ Civil
Defendant	:	IN CUSTODY
	:	

NOTICE

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action prior to the hearing scheduled herein, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and an Order may be entered against you by the Court without further notice for any claim or relief requested in the Complaint. You may lose money or property or other rights important to you.

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
10 North Tenth Street
Stroudsburg, PA 18360
Phone: (570) 424-5338

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

_____, :
PLAINTIFF : No. _____
 :
vs. :
 :
_____, :
DEFENDANT : IN CUSTODY
 :

COMPLAINT FOR CUSTODY

1. The plaintiff is _____, residing at _____
(Street) (City) (Zip Code) (County)

2. The defendant is _____, residing at _____
(Street) (City) (Zip Code) (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):

Name	Present Residence	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child ____ was ____ was not born out of wedlock.

The child is presently in the custody of _____, (Name) who resides at _____
(Street) (City) (State)

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)

A parent of the child is _____, currently residing at _____.

This parent is ___ married ___ divorced ___ single.

A parent of the child is _____, currently residing at _____.

This parent is ___ married ___ divorced ___ single.

4. Plaintiff's relationship to the child is that of _____.

Plaintiff currently resides with the following persons:

Name

Relationship

5. Defendant's relationship to the child is that of _____.

Defendant currently resides with the following persons:

Name

Relationship

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

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: _____

Plaintiff ____ knows ____ 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: _____

7. 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): _____

8. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. (a) If the plaintiff is seeking physical or legal custody of a child and is *in loco parentis* to the child, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. § 5324(2).

(b) If the plaintiff is a grandparent seeking physical or legal custody of a grandchild and is not *in loco parentis* to the child, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. § 5324(3).

(c) If the plaintiff is seeking physical or legal custody of a child and is not *in loco parentis* to the child, the plaintiff shall plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(4) and (5).

(d) If the plaintiff is a grandparent or great-grandparent seeking partial physical custody or supervised physical custody of a grandchild or great-grandchild, the plaintiff shall plead facts establishing standing under 23 Pa.C.S. § 5325.

10. Plaintiff has attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No. 1915.3-2.

Wherefore, Plaintiff requests the court to grant ____ shared legal custody ____ sole legal custody ____ partial physical custody ____ primary physical custody ____ shared physical custody ____ sole physical custody ____ supervised physical custody of the child.

Plaintiff/Attorney for Plaintiff

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. § 4904 relating to unsworn falsification to authorities.

Plaintiff

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA
CIVIL ACTION

Plaintiff
vs

Defendant

) NO. _____
)
) CUSTODY
)
)

**CUSTODY COMPLAINT AND RELATED DOCUMENTS –
AFFIDAVIT OF SERVICE BY CERTIFIED MAIL
Pursuant to Pa. R.C.P. 1930.4**

On _____, (date documents mailed), I _____, Plaintiff in the within action, mailed filed copies of the Complaint for Custody, scheduling Order of Court, Plaintiff's completed Criminal Record/Abuse History Verification and a blank Criminal Record/Abuse Verification form for Defendant to complete and file, to the Defendant by United States Postal Service (USPS) Certified Mail, Return Receipt Requested, Deliver to Addressee Only; and by first-class regular mail to Defendant's last known address.

Complete A, B, or C:

A. On _____, (date of defendant's signature on the USPS return receipt), Defendant received the aforesaid documents. The USPS return receipt bearing the Defendant's purported signature and the address of service is attached hereto¹ and made a part of this Affidavit.

OR

B. On _____, (date of delivery as indicated on the USPS return receipt), Defendant received the aforesaid documents. The USPS return receipt card bearing the Defendant's first initial and last name and which acknowledges delivery of the certified mail consistent with USPS policy, or an electronic return receipt bearing the same information and the address of service is attached hereto¹ and made a part of this Affidavit and the first-class regular mail was not returned within fifteen (15) days of mailing.

OR

C. On _____, (date Plaintiff received USPS response as follows), USPS returned the certified mail I sent to Defendant including the aforesaid documents indicating the Defendant refused delivery, but the first-class regular mail was not returned within fifteen (15) days of mailing. The returned envelope is attached hereto¹ and made a part of this Affidavit.

I verify that the statements in this document are true and correct to the best of my knowledge, information, and 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's Signature: _____

¹ This Affidavit is incomplete unless you attach the USPS return receipt or the returned envelope, if applicable.

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA
CIVIL ACTION

Plaintiff
vs

Defendant

) NO. _____
)
) CUSTODY
)
)

**CUSTODY COMPLAINT AND RELATED DOCUMENTS –
AFFIDAVIT OF SERVICE BY PERSONAL SERVICE
Pursuant to Pa. R.C.P. 1930.4**

I, _____, hereby depose and say that I am 18 years or older, and am not a
(print full name)
party to the case, nor an employee or a relative of a party.

Complete A, B, or C:

A. On _____, at _____, m. I personally served the Defendant at
(fill in date) (fill in time)
_____ by handing to him or her filed copies of the Complaint for
(fill in address or location)
Custody, scheduling Order of Court, Plaintiff's completed Criminal Record/Abuse History
Verification and a blank Criminal Record/Abuse Verification form for Defendant to complete and file.

OR

B. On _____, at _____, m. at the Defendant's residence at,
(fill in date) (fill in time)
_____ I handed filed copies of the Complaint for Custody,
(fill in address)
Scheduling Order of Court, Plaintiff's completed Criminal Record/Abuse History Verification and a
blank Criminal Record/Abuse Verification form for Defendant to complete and file to:

Check One:

____ i) an adult member of the family identified as Defendant's _____ with whom the
(identify relation)
Defendant resides at the Defendant's residence.

____ ii) an adult identified as _____ in charge of the residence where the
(fill in name)
Defendant resides since no family member of the Defendant was available.

____ iii) the clerk or manager identified as _____ of the hotel,
(fill in name and title)
inn, apartment house, boarding house, or other place of lodging of the Defendant.

____ iv) the Defendant or the person for the time being in charge of the Defendant's office or usual
place of business, identified as _____
(fill in name and title)

OR

C. On _____, service was completed pursuant to Special Order of Court (explain)

I verify that the statements in this document are true and correct to the best of my knowledge, information,
and 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: _____

Signature: _____

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA
CIVIL ACTION

Plaintiff
vs

Defendant

) NO. _____
)
) CUSTODY
)
)

**CUSTODY COMPLAINT AND RELATED DOCUMENTS –
AFFIDAVIT OF SERVICE BY COMMERCIAL CARRIER
Pursuant to Pa. R.C.P. 1930.4**

On _____, (date documents mailed and submitted to commercial carrier for service), I _____, Plaintiff in the within action, mailed to the Defendant copies of the filed Complaint for Custody, scheduling Order of Court, Plaintiff's completed Criminal Record/Abuse History Verification and a blank Criminal Record/Abuse Verification form for Defendant to complete and file, by United States Postal Service (USPS) first-class regular mail to the Defendant's last known address at _____ (fill in address). I also submitted the aforesaid documents to a commercial carrier, _____ (name of carrier) to restrict delivery by the commercial carrier to the Defendant's address only, with a request that the carrier provide a return receipt (hard copy or electronic) detailing the date and time of delivery, the delivery address, and the name of the person (if available) to whom the documents were delivered.

Complete A, B, or C:

A. On _____, (date of Defendant's signature on return receipt), Defendant received the aforesaid documents. The return receipt bearing the Defendant's purported signature and the information requested above indicating receipt of the aforesaid documents from the commercial carrier is attached hereto¹ and made a part of this Affidavit.

OR

B. On _____, (date of delivery as indicated on return receipt), the aforesaid documents were delivered by commercial carrier to the Defendant's address consistent with the commercial carrier's policy and the first-class regular mail was not returned within fifteen (15) days of mailing. The return receipt from the carrier bearing the available information requested above is attached hereto¹ and made a part of this Affidavit.

OR

C. On _____, (date of refusal by Defendant to accept delivery as referenced on the aforesaid documents or a return receipt), the Defendant refused to accept delivery of the aforesaid documents, but the first-class regular mail was not returned within fifteen (15) days of mailing. The return receipt or the aforesaid documents from the carrier bearing the available information requested above is attached hereto¹ and made a part of this Affidavit.

I verify that the statements in this document are true and correct to the best of my knowledge, information, and 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's Signature: _____

¹ This Affidavit is incomplete unless you attach the commercial carrier's return receipt or the aforesaid documents, if applicable.