

PLAINTIFF

IN THE COURT OF COMMON PLEAS
CHESTER COUNTY, PENNSYLVANIA

vs.

NO.

DEFENDANT

**ENTRY OF APPEARANCE OF SELF-REPRESENTED
PARTY/WITHDRAWAL OF COUNSEL**

To the Prothonotary:

(To be completed by Self-Represented Party)

1. Kindly enter my appearance as a self-represented (**check one box**) Plaintiff Defendant in the above-captioned divorce.

2. My address for the purpose of receiving all future pleadings and other legal notices is (**print your address**):

I understand that this address will be the only address to which notices and pleadings in this case will be sent, and that I am responsible to regularly check my mail at this address to ensure that I do not miss important deadlines or proceedings. **Check one box:** This is my home address. This is not my home address.

3. My telephone number where I can be reached during normal business hours (8:00 a.m. – 4:30 p.m. Monday – Friday) is _____ and my cell phone number is _____.

My email address is _____.

My telephone and cell phone numbers and my email address are confidential pursuant to a Protection from Abuse Order.

4. I UNDERSTAND I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.

5. I have provided a copy of this form to all other attorneys or other self-represented parties at the following addresses as listed below (**attach an additional page if you need more space**):

Name	Address
Name	Address

6. I fully understand that by deciding to represent myself, the Court will hold me to the same standards of knowledge regarding the statutory law, evidence law, Local and State Rules of Procedure and applicable case law as a Pennsylvania licensed attorney, and that I must be fully prepared to meet those responsibilities. I certify that my self-representation is not intended to, nor will it, delay this proceeding to the best of my knowledge, information and belief.

I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.

Date

Signature (**Your Signature**)

(To be completed by Attorney)

Kindly withdraw my appearance on behalf of (**print party's name**):

Date

Signature (**Attorney's Signature**)

Print Name:

Address:

Telephone number: