
Plaintiff

vs.

Defendant

: IN THE COURT OF COMMON PLEAS
: CHESTER COUNTY, PENNSYLVANIA
:

: NO.

:

:

: CIVIL ACTION - CUSTODY

AFFIDAVIT PURSUANT TO 23 Pa.C.S.A. §5328 and §5329

I _____, hereby swear or affirm that:
(print name)

1. Please state whether or not you and/or **another adult living in your household** have been convicted of, pled guilty or no contest to the following crimes in Pennsylvania or any other jurisdiction, as follows:

NO	YES		Me	Adult in my Household	Date Of Conviction
<input type="checkbox"/>	<input type="checkbox"/>	Contempt for violation of a Protection from Abuse order or agreement;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Driving under the Influence of alcohol or a controlled substance or drugs;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Possession, sale, delivery, manufacturing or offering for sale any controlled substance or other drug or device;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Criminal homicide; Murder;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Assault;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Stalking;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful restraint;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	False imprisonment;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Luring a child into a motor vehicle or structure;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	

NO	YES		Me	Adult in my Household	Date Of Conviction
<input type="checkbox"/>	<input type="checkbox"/>	Rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault, indecent assault, indecent exposure, sexual abuse of children, sexual exploitation of children, sexual intercourse with an animal, incest;	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sex offender non-compliance with registration requirements, statute, court order, probation or parole, or other requirements under 18 Pa. C.S.A. §3130 and 42 Pa. C.S. §9795.2;	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Arson and related offenses;	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Concealing death of a child;	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Endangering the welfare of children;	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Trading, bartering, buying, selling or dealing in infant children;	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution and related offenses;	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Obscene and other sexual materials and performances;	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	or Corruption of minors or unlawful contact with a minor.	<input type="checkbox"/>	<input type="checkbox"/>	_____

2. Please state whether or not you and/or **another adult living in your household** have a present and/or past history involving violent or abusive conduct as follows:

NO	YES		Me	Adult in my Household	Date Of Finding
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Has been subject to a Protection from Abuse order in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

I verify that the statements made in this affidavit are true and correct. I understand that any false statements herein are subject to the penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

Signature

Printed name