
Plaintiff : IN THE COURT OF COMMON PLEAS
 : CHESTER COUNTY, PENNSYLVANIA
vs. : NO.
 : CIVIL ACTION - LAW

Defendant : IN CUSTODY

NOTICE AND ORDER TO APPEAR

You _____, defendant, have been sued in court to obtain/modify custody of the child(ren):

You are hereby notified of the following:

1. **Court Ordered Mediation:** you are ordered to contact the Mediator assigned to your case within three (3) days of receiving these papers to schedule mediation orientation.

Mediator: _____ Phone: _____

Failure to contact the mediator and attend mediation orientation may result in sanctions, including, but not limited to, a fine of up to \$100, delay in your custody proceedings or other appropriate sanction.

2. **Custody Conciliation Conference:** You are ordered to appear in person at the Chester County Justice Center, 5th Floor, Hearing Room 5206, 201 West Market Street, West Chester PA 19380 for a Custody Conciliation Conference on _____, at _____ .m. at which time a recommendation for a custody Order may be entered.

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

3. Parenting Class:

a. You, _____, Plaintiff, are ordered to appear in person to attend a Parenting Class on Thursday, _____ at 4:30 p.m. in Room 4112, Fourth Floor Chester County Justice Center 201 West Market Street, West Chester, PA.

b. You, _____, Defendant, are ordered to appear in person to attend a Parenting Class on Thursday, _____ at 4:30 p.m. in Room 4112, Fourth Floor Chester County Justice Center 201 West Market Street, West Chester, PA.

Failure to attend your parenting session as scheduled may affect your rights to custody, partial custody or visitation.

4. You must file with the Court a verification as required by Pa.R.C.P. 1915.3-1 in the form attached regarding any criminal record or abuse history regarding you and anyone living in your household within thirty days of the service of the within complaint or petition on you, but not later than the custody conciliation conference scheduled in Paragraph 2, above.

No party may make any 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 the applicable provisions of 23 Pa.C.S. §5337 and Pa.R.C.P. 1915.17 regarding relocation.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT
HAVE A LAWYER, PLEASE CONTACT THE OFFICE SET FORTH BELOW:**

Lawyer Referral Service
15 West Gay Street
West Chester, PA 19380
610-429-1500

**IF YOU CANNOT AFFORD A LAWYER,
PLEASE CONTACT THE OFFICE SET FORTH BELOW:**

Legal Aid of Southeastern Pennsylvania
Chester County Division
222 North Walnut Street, 2nd Floor
West Chester, PA 19380
610-436-4510

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Chester 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 Family Court Administration at 610-344-6405. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference.

Date: _____

BY THE COURT:

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"/>	_____
				Name: _____	_____
<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"/>	_____
				Name: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Arson and related offenses;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Concealing death of a child;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Endangering the welfare of children;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Trading, bartering, buying, selling or dealing in infant children;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution and related offenses;	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Obscene and other sexual materials and performances;	<input type="checkbox"/>	<input type="checkbox"/>	_____
		or			
<input type="checkbox"/>	<input type="checkbox"/>	Corruption of minors or unlawful contact with a minor.	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	_____

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"/>	_____
				Name: _____	_____
<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"/>	_____
				Name: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Name: _____	_____

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