

## ***PRO SE* INSTRUCTIONS FOR FILING A PETITION FOR MODIFICATION**

This packet is designed to assist you in filing a Petition for Modification. Please read all of the instructions below and be sure to complete **ALL** of the steps. There is a checklist included to help you keep track of the steps.

A self-represented party is expected to follow all state and local rules and procedures. Court personnel cannot give you legal advice. Likewise, court personnel cannot help you fill out these forms. If you have any further questions or need legal advice, you may need to speak to an attorney. You can also go to <http://www.pacourts.us/learn/representing-yourself/custody-proceedings> for further information about representing yourself in a custody matter.

- 1) Fill out all pages of the Petition for Modification and Criminal Record/Abuse Affidavit. Take your time and print very neatly. Remember, this pleading will become an original Court document.
- 2) Complete the attached Confidential Information Form providing the child(ren)'s full name(s) and date(s) of birth, if this information has been omitted as confidential information in your Petition for Modification.
- 3) There is a Court fee for filing a Petition for Modification and there may be other Court costs in addition. If you cannot afford to pay the Court costs, you may apply for *In Forma Pauperis* status by filing a Petition to Proceed *In Forma Pauperis*. **Please note: Filing the *In Forma Pauperis* Petition does not automatically guarantee that the filing fee will be waived.**
- 4) Take the completed Petition for Modification and Criminal Record/Abuse Affidavit and, if you cannot afford to pay the Court costs, the Petition to Proceed *In Forma Pauperis* to the **Prothonotary's Office** on the first floor of the Butler County Government Center building on any weekday that the Courthouse is open.
- 5) If a Petition to Proceed *In Forma Pauperis* is filed, a hearing will be scheduled in front of a Judge to determine if you qualify and whether you will be required to pay the filing fees or if the filing fees will be waived. Once you attend this hearing and your petition is granted, a Custody Conciliation Conference will be scheduled. If your petition is not granted, you will have thirty (30) days to pay the filing fee.
- 6) If you are paying the filing fees, a Custody Conciliation Conference will be scheduled upon the filing of the modification.
- 7) The Prothonotary's Office will mail copies of your filed documents to you, including two copies of the Order of Court requiring the parties to attend a Families Forever Seminar (if not already completed). If you do not receive your copies within fourteen days of filing, you should contact the Prothonotary's Office.

8) All parties to the action are required to attend a divided families seminar pursuant to Local Rule 1915.3. If you have previously attended an educational seminar for divided families (i.e. Families Forever Seminar), you are not required to attend again. You will need to provide proof of completion of the seminar at the time of the Custody Conciliation Conference. There is a fee for this seminar regardless of whether you qualify for *In Forma Pauperis* status.

9) **You** must make sure that the opposing party/parties receives a copy of your Petition for Modification, your Criminal Record/Abuse History Affidavit, the Order scheduling the Custody Conciliation Conference, the Order to attend the Families Forever Seminar (if not already completed), and a blank Criminal Record/Abuse History Affidavit by either:

a) **First Class Mail and Certified Mail-restricted Delivery:** Take your two copies of your Petition for Modification to the Post Office and two envelopes addressed to the party/parties being served. Tell the Post office that you want the items mailed by first class mail AND by certified mail-restricted delivery. The certified mail must be “restricted delivery” and you will want a return receipt. The Post Office will give you a white receipt at the time of mailing and then later will mail to you a green card, which will indicate whether it was received and signed for. Fill out the attached Affidavit of Service for each party being served; attach to it the white receipt and the green card. You should file the Affidavit of Service at the Prothonotary’s Office or bring the Affidavit of Service to the Conference.

b) **Service by the Sheriff’s Office:** You may take a copy of your Petition for Modification to the Sheriff’s Office to have them serve the opposing party/parties. There may be fees associated with this service. If you qualified for *In Forma Pauperis* status, you will need to provide the Sheriff’s Office with a certified copy of the Order granting the status.

c) **Personal Service:** Ask another unrelated adult to make service by handing a copy of the pleading directly to the person(s) to be served. It is NOT considered good service if you personally serve the opposing party/parties yourself. The adult who serves the pleading must sign a Verification of Service for each person served. Use the attached Verification of Service section on the Affidavit of Service. You should file the Affidavit of Service at the Prothonotary’s Office prior to the conference or bring the Affidavit of Service to the Conference.

10) It is your choice as to whether or not to have an attorney present at the time of the Custody Conciliation Conference. For the conference, be sure to come on time and dress appropriately. There is no need to bring witnesses, but you should bring a suggested schedule for custody as well as a list of your reasons and concerns. DO NOT bring the minor child(ren) to the conference, unless they have been specifically directed to appear by Order of Court. Make sure that you attend the conference, even if you are not able to serve the opposing party/parties. If you fail to appear, your case may be dismissed.

# CUSTODY MODIFICATION CHECK LIST

Read each step completely and check off the step once it has been completed.

- \_\_\_\_\_ 1. I have filled in (**please print**) the required information on the:
  - \_\_\_\_\_ Petition for Modification;
  - \_\_\_\_\_ Criminal Record/Abuse History Affidavit; and
  - \_\_\_\_\_ Confidential Information Form
- \_\_\_\_\_ 2. I am: \_\_\_\_\_ Paying the filing fee, or \_\_\_\_\_ filing for *In Forma Pauperis* status.
- \_\_\_\_\_ 3. If I am filing an *In Forma Pauperis* Petition, I have filled in (**please print**) the required information.
- \_\_\_\_\_ 4. I have taken my original Petition for Modification, Criminal Record/Abuse History Affidavit, and *In Forma Pauperis* Petition (if filing) to the Prothonotary's Office and have requested certified copies to be sent to me.
- \_\_\_\_\_ 5. I have received my hearing notice for the *In Forma Pauperis* Petition (if filed) to appear in front of the Judge to determine if my filing fees will be waived. **You will need to appear at this hearing.**
- \_\_\_\_\_ 6. I have received copies of my Petition for Modification, my Criminal Record/Abuse History Affidavit, the Order of Court scheduling the date and time for the Custody Conciliation Conference, and the Order of Court to attend the Families Forever Seminar (if not already completed) from the Prothonotary's Office.
- \_\_\_\_\_ 7. I have sent the above copies to each Respondent, including a blank copy of the **Criminal Record/Abuse History Affidavit**; either by certified mail- restricted delivery as well as by regular mail, by using the Sheriff's Office to serve the Respondent(s), or by having someone else hand it to the Respondent(s). **You will need to complete an Affidavit of Service form.**
- \_\_\_\_\_ 8. I have filled out the Affidavit of Service form, which indicates how I served the Respondent(s), and if applicable, the person who personally served the Respondent(s) has signed the Verification of Service section.
- \_\_\_\_\_ 9. I have filed the completed Affidavit of Service form at the Prothonotary's Office.
- \_\_\_\_\_ 10. I will attend the **Custody Conciliation Conference** and will bring a copy of the **Affidavit of Service** with me. **Please note: If you fail to appear, your case may be dismissed.**

IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PENNSYLVANIA

_____	:	
_____	:	
Plaintiff(s)	:	F.C. # _____
	:	
vs	:	
_____	:	
	:	
_____	:	
Defendant(s)	:	

PRO SE PETITION FOR MODIFICATION OF A CUSTODY ORDER

1. Petitioner is \_\_\_\_\_ and resides at \_\_\_\_\_  
\_\_\_\_\_.

2. Respondent is \_\_\_\_\_ and resides at \_\_\_\_\_  
\_\_\_\_\_.

3. Petitioner respectfully represents that on \_\_\_\_\_ an Order of Court was entered for custody. A true and correct copy of the Order is attached.

4. This Order should be modified because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

WHEREFORE, Petitioner requests that the Court modify the existing because it will be in the best interest of the child(ren).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PENNSYLVANIA

\_\_\_\_\_  
Vs. \_\_\_\_\_  
\_\_\_\_\_

:  
:  
:  
:  
:

FC #

☐ **CRIMINAL RECORD/ABUSE HISTORY VERIFICATION**

☐ **REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY COURT**

**1. Participants.** Please list ALL members in your/the participant's household and attach sheets if necessary:

NAME	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO CHILD/REN

\_\_\_\_\_ Party requests their residence remain confidential as they are protected by the Protection From Abuse Act, 23 Pa.C.S. § 6112, or Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. § 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

Please list ALL members in the opposing party's household and attach sheets if necessary:

NAME	DATE OF BIRTH	ADDRESS	RELATIONSHIP TO CHILD/REN

\_\_\_\_\_ Party requests their residence remain confidential as they are protected by the Protection From Abuse Act, 23 Pa.C.S. § 6112, or Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. § 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

**SUBJECT CHILD/REN-**Attach additional sheets if necessary:

NAME	DATE OF BIRTH

**2. CRIMINAL OFFENSES.** As to the following listed Pennsylvania crimes or offenses, or another jurisdiction's substantially equivalent crimes or offenses, check the box next to any applicable crime or offense in which you or a household member:

- Has pleaded guilty or no contest;
- Has been convicted;
- Has charges pending; or
- Has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. § 6301-6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307.

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or a Court has entered an Order for limited access, *e.g.*, Clean Slate, pursuant to 18 Pa.C.S. § 9122.1 or 9122.2.

Check All That Apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest 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. §2701 (relating to simple assault)	<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. §2705 (relating to recklessly endangering another person)	<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. §2718 (relating to strangulation)	<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 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2704 (relating to interference with custody of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. Ch. 30 (relating to human trafficking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



<input type="checkbox"/>	18 Pa.C.S. §4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4305 (relating to dealing with infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5533 (relating to cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5534 (relating to aggravated cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5543 (relating to animal fighting)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5544 (relating to possession of animal fighting paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §5903(c) or (d) (relating to obscene and other sexual material and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Finding of contempt of a Protection From Abuse Order or agreement under 23 Pa.C.S. §6114	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- |                          |                                                                                                                                |                          |                          |       |       |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-------|-------|
| <input type="checkbox"/> | Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation Order or agreement under 42 Pa.C.S. § 62A14 | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Driving under the influence of drugs or alcohol                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device      | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

**3. Abuse or Agency Involvement.** Check the box next to any statement that applies to you, a household member, or your child.

**Check  
All  
That  
Apply**

- |                                                                                                                                                                                                                                                                    | <b>Self</b>              | <b>Other household member</b> | <b>Date</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|-------------|
| <input type="checkbox"/> Involvement with a Children and Youth social service agency in Pennsylvania or a similar agency in another jurisdiction.<br>What jurisdiction? _____                                                                                      | <input type="checkbox"/> | <input type="checkbox"/>      | _____       |
| <input type="checkbox"/> A determination or finding of abuse ( <i>i.e.</i> , indicated or founded report) by a Children and Youth social service agency or Court in Pennsylvania or a similar agency or Court in another jurisdiction.<br>What jurisdiction? _____ | <input type="checkbox"/> | <input type="checkbox"/>      | _____       |
| <input type="checkbox"/> An adjudication of dependency involving this child or any other child under Pennsylvania's Juvenile Act, or similar law in another jurisdiction.<br>What jurisdiction? _____<br>Is the case active? _____                                 | <input type="checkbox"/> | <input type="checkbox"/>      | _____       |
| <input type="checkbox"/> A history of perpetrating "abuse" as that term is defined in the Protection From Abuse Act, 23 Pa.C.S. § 6102.                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/>      | _____       |

[ ] A history of perpetrating "sexual violence: or [ ] [ ] \_\_\_\_\_  
"intimidation" as those terms are defined in  
42 Pa.C.S. § 62A03 (relating to protection of  
victims of sexual violence and intimidation.

[ ] Other: \_\_\_\_\_ [ ] [ ] \_\_\_\_\_

4. If you checked a box in (2) or (3), list any evaluation, counseling, or other treatment received as a result:

\_\_\_\_\_  
\_\_\_\_\_

5. If you checked a box in (2) or (3) that applies to your household member, who is not a party, state that person's name, date of birth, and relationship to the child.

\_\_\_\_\_

6. If you are aware that the other party or the other party's household member has a criminal record or abuse history, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY,  
THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.**

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. Section 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff/Defendant Signature

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

\_\_\_\_\_  
Signature of Filer

\_\_\_\_\_  
Printed Name

## Instructions for Completing the Confidential Information Form

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
6. Abuse victim's address and other contact information, including employer's name, address and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim's name. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.C.P. No. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.C.P. No. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible. If a filed document fails to comply with the requirements of the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof; a magisterial district court may, upon request or its own initiative, redact, amend or both. A court of record may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

## CONFIDENTIAL INFORMATION FORM

*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:
<div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">(full name of adult)</div> <div style="text-align: center; margin-bottom: 10px;">OR</div> <div style="padding-bottom: 5px;">This information pertains to a minor with the initials of ____ and the full name of _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">(full name of minor) and date of birth: _____</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Social Security Number (SSN):</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Financial Account Number (FAN):</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Driver License Number (DLN):</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">State of Issuance:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">State Identification Number (SID):</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Alternative Reference: SSN 1</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Alternative Reference: FAN 1</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Alternative Reference: DLN 1</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Alternative Reference: SID 1</div>
<div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-bottom: 10px;">(full name of adult)</div> <div style="text-align: center; margin-bottom: 10px;">OR</div> <div style="padding-bottom: 5px;">This information pertains to a minor with the initials of ____ and the full name of _____</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">(full name of minor) and date of birth: _____</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Social Security Number (SSN):</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Financial Account Number (FAN):</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Driver License Number (DLN):</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">State of Issuance:</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">State Identification Number (SID):</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Alternative Reference: SSN 2</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Alternative Reference: FAN 2</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Alternative Reference: DLN 2</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Alternative Reference: SID 2</div>

Additional page(s) attached. \_\_\_\_\_ total pages are attached to this filing.

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

\_\_\_\_\_  
Signature of Attorney or Unrepresented Party

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

Attorney Number: (if applicable) \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.**

Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</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) and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>
<p>_____</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) and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>
<p>_____</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) and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN _____</p> <p>Alternative Reference: FAN _____</p> <p>Alternative Reference: DLN _____</p> <p>Alternative Reference: SID _____</p>

IN THE COURT OF COMMON PLEAS OF BUTLER COUNTY, PENNSYLVANIA

\_\_\_\_\_  
vs.  
\_\_\_\_\_

: F.C. #  
:  
:  
:  
:

**AFFIDAVIT OF SERVICE**

My name is \_\_\_\_\_  
My address is \_\_\_\_\_

**Petition for Modification, Criminal Record/Abuse History Affidavit,  
and Families Forever Order**

\_\_\_\_\_ I do hereby verify that I served a true and correct copy of the above forms, which were  
filed in the above-captioned matter, upon the Respondent(s) \_\_\_\_\_  
by first class mail and by certified mail, restricted delivery, return receipt requested, on the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, addressed as follows:

(attach the white post office receipt and green card here)

**-OR-**

\_\_\_\_\_ I do hereby verify that I presented a certified copy of the above forms to the Sheriff's  
Office to be served upon the Respondent(s).

**-OR-**



**VERIFICATION OF SERVICE**

\_\_\_\_\_ I do hereby verify that \_\_\_\_\_ personally handed a certified copy of the above forms to the Respondent(s).

Date and time of service: \_\_\_\_\_

Location of service: \_\_\_\_\_

\_\_\_\_\_  
Signature of person providing service

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner