

# CUSTODY MODIFICATION

IT IS STRONGLY RECOMMENDED THAT YOU CONSULT AN ATTORNEY

This form is for those who already have a custody order from the Court and wish to change it. There is a fee associated with filing this document.

1. Please insert your name on the first line on the top left side of the form (This is called the caption).
2. Insert the name(s) of the other party on the second line on the top left side of the form. You are the “Petitioner” and the other party is the “Respondent”.
3. Insert the case number from your custody order on the top right side of the form. Answer all the questions on the form completely.
4. Complete the Criminal Record/Abuse History Verification.
5. Complete the document titled “Order” but leave all lines below the child’s initials and age blank.
6. You **MUST** also attach a copy of your current custody Order; failure to attach a copy of the current order will result in this Court not setting a hearing date. A copy of your current custody order may be obtained from the Wayne County Prothonotary’s Office located on the 2<sup>nd</sup> Floor of the Courthouse.
7. Place any Confidential Information on the Form labeled CONFIDENTIAL INFORMATION FORM; this includes the full names of any minor children. You need not include additional Confidential Information (such as Social Security Numbers) unless this information is required by law, ordered by the court, or referenced in your document.
8. You are responsible for ensuring that your document complies with all rules regarding confidential information and for signing the verification ensuring that your document is in compliance.

## **DISCLAIMER**

THE STAFF IN ANY COURT OFFICE IS UNABLE TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THIS PACKET IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS, INCLUDING RELIANCE ON THEIR CONTENTS.

Name \_\_\_\_\_ Petitioner

vs.

Name \_\_\_\_\_ Respondent

: : : : :  
IN THE COURT OF COMMON PLEAS  
WAYNE COUNTY, PENNSYLVANIA  
: : :  
: :  
: NO. \_\_\_\_ - \_\_\_\_ -DR

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## **PETITION FOR MODIFICATION OF A CUSTODY ORDER**

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1. Petitioner's name is \_\_\_\_\_  
and resides at (street, city, state, zip, county) \_\_\_\_\_  
\_\_\_\_\_
2. Respondent's name is \_\_\_\_\_  
and resides at (street, city, state, zip, county) \_\_\_\_\_  
\_\_\_\_\_
3. Petitioner respectfully represents that on \_\_\_\_\_, 20\_\_\_\_\_, an Order of Court was entered for (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical 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.Civ.P. 1915.3-2.

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

Respectfully submitted,

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Petitioner/Attorney for Petitioner

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.

Date \_\_\_\_\_

Petitioner

Name Plaintiff

:  
: IN THE COURT OF COMMON PLEAS  
: WAYNE COUNTY, PENNSYLVANIA  
:  
: NO. \_\_\_\_-\_\_\_\_-DR  
:

Name Defendant

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

REPORT OF CHILD ABUSE AND PROTECTIVE SERVICES REQUESTED BY COURT

- 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. § 6122, or the 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. § 6122, or the 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"/>	18 Pa.C.S. § 2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2904 (relating to interference with custody of children)	<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"/>	18 Pa.C.S. Ch. 30 (relating to human trafficking)	<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"/>	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	<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"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<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"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<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"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<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"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<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 in 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) or (b.1) (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 materials 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 from 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"/>	_____	_____

Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device

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	Self	Household member	Child
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Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.

What jurisdiction? \_\_\_\_\_

A determination or finding of abuse (*i.e.*, indicated or founded report) by a children and youth social service agency or court in Pennsylvania or a similar agency in another jurisdiction.

What jurisdiction? \_\_\_\_\_

An adjudication of dependency involving this child or any other child under Pennsylvania's Juvenile Act, or a similar law in another jurisdiction.

What jurisdiction? \_\_\_\_\_

Is the case active? \_\_\_\_\_

A history of perpetrating "abuse" as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102.

A history of perpetrating "sexual violence" or "intimidation" as those terms are defined in 42 Pa.C.S. § 62A03 (relating to protection from victims 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 check 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. § 4904 relating to unsworn falsification to authorities.

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Date

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Plaintiff/Defendant Signature

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Printed Name

Name Plaintiff

vs.

Name Defendant

:  
:  
IN THE COURT OF COMMON PLEAS  
WAYNE COUNTY, PENNSYLVANIA  
:  
:  
:  
:  
NO. \_\_\_\_ - \_\_\_\_ -DR

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CONFIDENTIAL INFORMATION VERIFICATION

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

Date \_\_\_\_\_

Plaintiff

Name	Plaintiff	:	
vs.		:	IN THE COURT OF COMMON PLEAS
		:	WAYNE COUNTY, PENNSYLVANIA
Name	Defendant	:	
		:	NO. _____-DR

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## ORDER

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You, \_\_\_\_\_, (Respondent's name) have been sued in Court to (MODIFY): (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): \_\_\_\_\_

You are **ORDERED** to appear **in person** at the Arbitration Room of the Wayne County Courthouse, 925 Court Street, Honesdale, Pennsylvania on \_\_\_\_\_ before Kathryn A. Karam, Esq., Custody Conciliator for a Conciliation Conference. At this conference, an effort will be made to resolve the issues in dispute; or, to define and narrow the issues to be heard by the Court if a resolution cannot be reached and to enter into an Interim Order.

If you fail to appear as provided by this order, an order for custody may be entered against you or the Court may issue a warrant for your arrest.

You must file with the court a verification regarding any criminal record or abuse history regarding you and any member of your household at the initial in-person contact with the court (including, but not limited to, a conference with a conference officer or judge or conciliation) or within 30 days of service of the initiating pleading, whichever occurs first.

No party may make a 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 of 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, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED OR NO FEE.

North Penn Legal Services  
925 Court Street  
Honesdale, PA 18431  
(877) 953-4250

### **AMERICANS WITH DISABILITY ACT OF 1990**

The Court of Common Pleas of Wayne County, Pennsylvania 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 with the Court, please contact the Court Administrator at (570) 253-0101. All arrangements must be made at least 72 hours before any hearing or business before the Court.

You must attend the scheduled conference or hearing.

BY THE COURT:

DATE \_\_\_\_\_

\_\_\_\_\_

CC:  
Plaintiff  
Defendant  
Conciliation Officer  
Court Administration