

# Petition for Modification of a Custody Order

Form 4

Filing Fee \$ 128.00  
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IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA

COVER SHEET - NOTICE OF FILING OF MOTION OR PETITION UNDER  
LOCAL RULES OF CIVIL PROCEDURE

CASE CAPTION:

CIVIL CASE NO.

NATURE OF MATTER FILED: (please check one)

- Petition Pursuant to Rule 206.1       Response to Petition       Motion for Judgment on the Pleadings Pursuant to Rule 1034(a)
- Motion Pursuant to Rule 208.1       Response to Motion       Summary Judgment Pursuant to Rule 1035.2
- Family Law Petition/Motion Pursuant to Rule 206.8

FILING PARTY IS RESPONSIBLE FOR SERVICE OF THE RULE RETURNABLE  
DATE OR HEARING DATE UPON ALL PARTIES

A motion or petition was filed in the above captioned matter on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, which:

Requires you, Respondent, to file an Answer within twenty (20) days of the above date to this notice, or risk the entry of an Order in favor of the Petitioner. Answers must be filed and time stamped by the Office of Judicial Support by 4:30 PM on the following date \_\_\_\_\_.

Requires all parties, to appear at a hearing/conference on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_ in Courtroom \_\_\_\_\_, Delaware County Courthouse, Media, Pennsylvania. At this hearing/conference you must be prepared to present all testimony and/or argument, and must ensure that your witnesses will be present.

Was timely answered, thus requiring the scheduling of the following hearing in the above captioned matter on: \_\_\_\_\_ at 10:00 AM in Courtroom \_\_\_\_\_.

At this hearing, all parties must be prepared to present all testimony and/or argument and must ensure that their witnesses will be present.

Qualifies as an Uncontested Motion or Petition, and as such requires neither an answer from the Respondent nor the scheduling of a hearing in this matter.

Has been assigned to Judge \_\_\_\_\_.

FOR OFFICE USE ONLY

Mailing date: \_\_\_\_\_

Processed by: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA  
CIVIL DIVISION - LAW

\_\_\_\_\_  
: NO: \_\_\_\_\_  
:  
v. \_\_\_\_\_  
:  
IN CUSTODY

ORDER OF COURT

You, \_\_\_\_\_, defendant (respondent), have been sued in  
Court to MODIFY custody, partial custody or visitation of the child/children \_\_\_\_\_

You are ordered to appear in person at Delaware County Courthouse, 201 West Front Street, Media, PA  
19063 on \_\_\_\_\_, 20\_\_ at \_\_\_\_:\_\_\_\_ (AM) (PM) for

- a conciliation or mediation conference.
- a pretrial conference.
- a hearing before the Court.

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

A Party proposing RELOCATION of a child must notify every other individual who has custody rights to the child. No relocation may take place unless there is consent by everyone or is Court approved. Notice shall be pursuant to 23 Pa. C.S. 5337. A Party entitled to receive Notice may file an objection with the Court and have a hearing before a Judge. Please refer to 23 Pa. C.S. 5337 for procedures related to Relocation of Child.

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 FEE OR NO FEE.

Lawyers Reference Service  
Front & Lemon Streets  
Media, PA 19063  
610-566.6625

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Delaware 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 our office. All arrangements must be made at least 72 hours prior to any hearing or business before the Court. You must attend the scheduled conference or hearing.

By the Court:

IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY, PENNSYLVANIA

\_\_\_\_\_  
Plaintiff

v.

: No. \_\_\_\_\_

: IN CUSTODY

\_\_\_\_\_  
Defendant

**PETITION FOR MODIFICATION OF A CUSTODY ORDER**

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

\_\_\_\_\_  
(Street) (City) (State) (Zip Code) (County)

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

\_\_\_\_\_  
(Street) (City) (State) (Zip Code) (County)

3. Petitioner \_\_\_\_\_ respectfully represents that on \_\_\_\_\_ an Order of Court was entered for  shared legal custody  sole legal custody and  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.C.P. No. 1915.3-2.

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

\_\_\_\_\_  
(Attorney for Petitioner) (Petitioner)

\_\_\_\_\_  
Phone Number

**VERIFICATION**

I verify that the statements made in this petition 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

## Petition for Modification of a Custody Order

The following numbers on these instructions correspond with the numbers in the boxes beginning on page 1 on the Petition Form.

- Box 1: Print the county in which you are filing your petition. See "Where do I File?" in the Introduction for more information about what county you should file in.
- Box 2: Print the plaintiff's name exactly as it appears on all other forms in this action.
- Box 3: Print the case number that has been assigned to your case. This can be found on your custody complaint or custody order.
- Box 4: Print the name of the defendant exactly as it appears on all other forms in this action.
- Box 5: Print your name (if you are the petitioner).
- Box 6: Print your current address.
- Box 7: Print your opposing party's name.
- Box 8: Print your opposing party's current address.
- Box 9: Print your name.
- Box 10: Print the date your custody order was entered.
- Box 11: Check what kind of legal custody was ordered.
- Box 12: Check what kind of physical custody was ordered.
- Box 13: Explain why your custody order should be changed. (If you need more space, write on a separate page. Do not write on the back of this form, or in the margins).
- Box 14: **Attach a completed Criminal Record/Abuse History Verification form (Custody Form 3).**
- Box 15: Print your name.
- Box 16: Print your phone number.
- Box 17: After reviewing your petition to make sure everything you stated is true and correct print the date you are completing your petition.
- Box 18: Sign your name.

Attach a copy of the order you are asking the court to modify.

IN THE COURT OF COMMON PLEAS OF 1 COUNTY, PENNSYLVANIA

2  
Plaintiff

v  
4  
Defendant

No. 3  
: IN CUSTODY

PETITION FOR MODIFICATION OF A CUSTODY ORDER

1. Petitioner is 5 6 and resides at  
(Street) (City) (State) (Zip Code) (County)

2. Respondent is 7 8 and resides at  
(Street) (City) (State) (Zip Code) (County)

3. Petitioner 10 12 respectfully represents that on 11 an Order of Court was entered for  shared legal custody  sole legal custody and  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.

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14

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

15  
(Attorney for Petitioner) (Petitioner)

16  
(Phone Number)

VERIFICATION

I verify that the statements made in this petition 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.

17  
Date

18  
Petitioner

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY  
PENNSYLVANIA

NO. \_\_\_\_\_

vs.

CERTIFICATE OF SERVICE

I, \_\_\_\_\_ the undersigned, hereby  
certify that on \_\_\_\_\_ a true and correct copy of the  
\_\_\_\_\_ was served on the following:

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

BY: \_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY/TOWN, STATE, ZIP CODE)

\_\_\_\_\_  
(PHONE NUMBER)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_





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. §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. §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"/>	_____	_____

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. §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. §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 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"/>	23 Pa.C.S. §6114 (Relating to contempt for violation of protection order or agreement)	<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"/>	_____	_____

2. Unless indicated by my checking the box next to an item below, neither I nor any other member of my household have a history of violent or abusive conduct or involvement with a Children & Youth Agency, including the following:

Check all that apply	Self	Other household member	Date
<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"/> Abusive conduct as defined under the Protection From Abuse Act in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where?: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

State the date and circumstance of the child abuse, the named perpetrator of the abuse and the jurisdiction or location where the abuse took place.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse:

\_\_\_\_\_

\_\_\_\_\_

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child(ren).

\_\_\_\_\_

\_\_\_\_\_

Identify all household members by name and age that currently reside with you, and were included in the responses to Question 1-2.

\_\_\_\_\_

\_\_\_\_\_

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain:

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6. State whether you or any member of your household was provided services by a child welfare agency (e.g. Delaware County Children & Youth Services). If yes, please indicate:

a. The individuals that received services: \_\_\_\_\_

b. The type of services provided: \_\_\_\_\_

c. The circumstances surrounding the provision of services: \_\_\_\_\_

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d. The time frame during which the services were or are being provided: \_\_\_\_\_

e. The jurisdiction or location where services were or are being provided: \_\_\_\_\_

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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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type your name here