

**BASIC INSTRUCTIONS FOR FILING YOUR COMPLAINT FOR CUSTODY**

**\*\*PLEASE NOTE...THIS DOES NOT TAKE THE PLACE OF FULLY READING ALL THE INSTRUCTIONS PROVIDED IN THE INSTRUCTION BOOKLET\*\***

1. **DO NOT PRINT/COPY ON BOTH SIDES OF THE PAPER ON ANY FORM**
  - Use the attached complaint for custody.
  - Print a Criminal Record/Abuse History Verification from [www.eriecountypa.gov/courts](http://www.eriecountypa.gov/courts)
  - For each of the above forms: fill in the blanks and make four (4) photocopies of **both** original forms for a total of five (5) of your completed paperwork (you will need to make two (2) additional copies of your paperwork per additional party if more than two (2) parties are involved in your custody case).
2. Submit in person or mail all original forms and copies as stated above, along with two (2) additional blank Criminal Record/Abuse History Verification form for each defendant/s and a money order or check (payable to Prothonotary) for the **complaint for custody fee**. For in person submissions, cash or credit/debit card are acceptable **DO NOT MAIL CASH**. Call 814-451-6234 for current fee.

**COMPLAINTS FOR CUSTODY NEED TO BE SUBMITTED IN PERSON OR MAILED TO:**  
**Custody Conciliation Office**  
**140 West 6<sup>th</sup> Street Room 02**  
**Erie, PA 16501**

**IN PERSON COMPLAINTS FOR CUSTODY WILL BE ACCEPTED BETWEEN  
8:00 A.M. AND 11:30 A.M. AND BETWEEN 1:00 P.M. AND 4:00 P.M.**

3. The Custody Conciliation Office will schedule you for an Intake Conference. We will also schedule you and the defendant/s to attend the Children Cope with Custody and/or Visitation seminar. We will attach all the necessary papers to your Complaint for Custody at this time.
4. The paperwork will be returned to you for you to file and serve the other party/ies.

**THE CUSTODY CONCILIATION OFFICE IS NOT RESPONSIBLE FOR SERVING THE  
OTHER INVOLVED PARTIES.**

**IT IS YOUR RESPONSIBILITY TO PROPERLY SERVE ALL THE PARTIES INVOLVED.**

**PERSONAL SERVICE BY CONSTABLE, SHERIFF, OR INDEPENDENT THIRD PARTY:**

If you choose to have the other party/ies personally served you must provide a completed Affidavit of Service for each party served to the Custody Conciliation Office.

**SERVICE BY MAIL:**

Two (2) of the certified copies are to be served on the other party/ies. One (1) is to be sent by **certified mail, restricted delivery** and one (1) by regular mail. Once you receive the certified restricted card, signed by the other party/ies, back from the Post Office, you must provide the card to the Custody Office.

**YOU MUST PROVIDE DOCUMENTATION THAT THE PARTY/IES WERE SERVED.**

\_\_\_\_\_ : **IN THE COURT OF COMMON PLEAS**  
*Plaintiff* :  
**VS.** : **OF ERIE COUNTY, PENNSYLVANIA**  
 \_\_\_\_\_ :  
*Defendant* : **NO.**

**COMPLAINT FOR CUSTODY**

1. The plaintiff is \_\_\_\_\_ residing at \_\_\_\_\_  
(entire street address, city, state & zip code)  
 Telephone Number \_\_\_\_\_

2. The defendant is \_\_\_\_\_ residing at \_\_\_\_\_  
(entire street address, city, state & zip code)  
 Telephone Number \_\_\_\_\_

3. The  plaintiff/ defendant seeks: **(check all that apply)**  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:

<u>Name (of Child/ren)</u>	<u>Present Address (of Child/ren)</u>	<u>Birth Date (of Child/ren)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- a) The child/ren ( was  was not) born out of wedlock.
- b) The child/ren is presently in the custody of \_\_\_\_\_ who resides at \_\_\_\_\_
- c) During the past five (5) years, the child/ren has resided with the following persons and at the following addresses:

<u>List the Persons</u>	<u>List the Addresses</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

d) The mother of the child/ren is \_\_\_\_\_, currently residing at \_\_\_\_\_.

e) She is  married  divorced  single.

f) The father of the child/ren is \_\_\_\_\_, currently residing at \_\_\_\_\_.

g) He is  married  divorced  single.

4. The relationship of the plaintiff to the child/ren is that of \_\_\_\_\_. The plaintiff currently resides with the following persons:

Name and Relationship to Plaintiff

_____	_____
_____	_____
_____	_____

5. The relationship of the defendant to the child/ren is that of \_\_\_\_\_. The defendant currently resides with the following persons:

Name and Relationship to Defendant

_____	_____
_____	_____
_____	_____

6. The  plaintiff/ defendant ( has  has not) participated as a party or witness, or in another capacity, in other litigation (court case) concerning the custody of the child/ren in this or another Court. The Court term and number and its relationship to this action is:

\_\_\_\_\_

a) The  plaintiff/ defendant ( has  has no) information of a Custody proceeding concerning the child/ren pending in a Court of this Commonwealth or any other state. The Court term and number and its relationship to this action is:

\_\_\_\_\_

b) The  plaintiff/ defendant ( knows  does not know) of a person, not a party to the proceedings, who has physical custody of the child/ren or claims to have custody or visitation rights with respect to the child/ren. The name and address of such as person is:

\_\_\_\_\_



9.

c) The plaintiff/defendant is a person seeking physical or legal custody and is not in loco parentis to the child/ren and has standing pursuant to 23 Pa.C.S. §5324(4) and (5) because:

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d) The plaintiff/defendant is a grandparent seeking partial physical custody or supervised physical custody of grandchild/ren and has standing pursuant to 23 Pa.C.S. §5325 because:

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10. I have attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. 1915.3-2.

Wherefore, the plaintiff/defendant requests the Court to grant: **(check all that apply)**

shared legal custody sole legal custody partial physical custody

primary physical custody shared physical custody sole physical custody

supervised physical custody of the child.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Plaintiff/Defendant