

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY PENNSYLVANIA  
CIVIL ACTION - CUSTODY

Plaintiff's name, )  
                  Plaintiff )  
                  ) )  
                  vs )                   No.  
                  ) )  
Defendant's name, )  
                  Defendant )

Type of Pleading:

COMPLAINT FOR CUSTODY  
AND SCHEDULING ORDER OF COURT

By:

\_\_\_\_\_

Address:

Telephone #

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY PENNSYLVANIA  
CIVIL ACTION - CUSTODY

Plaintiff's name,	)	
Plaintiff	)	
	)	
vs	)	No.
	)	
Defendant's name,	)	
Defendant	)	

CUSTODY SCHEDULING ORDER

You, Defendant's name, (Defendant) (Respondent), have been sued in Court to (obtain) (modify) custody, partial custody or visitation of the child(ren):

Name	Date of Birth

- (2) The Plaintiff is ORDERED to attend the mandatory Children Hurt In Loss through Divorce/Separation (CHILD) Program on \_\_\_\_\_, 200 , at \_\_\_\_ M. at the Memorial Conference Center at Westmoreland Regional Hospital located at 532 West Pittsburgh Street, Greensburg, Pa. 15601, phone number (724) 832-4581. The Plaintiff is also ORDERED to prepay the \$50.00 program registration fee using the CHILD Program Registration Form. (No money will be accepted at the session). The Plaintiff is further ORDERED to serve a copy of the CHILD Program Registration Form on the Defendant.
  
- (3) The Defendant is ORDERED to attend the mandatory Children Hurt in Loss through Divorce/Separation (CHILD) Program on \_\_\_\_\_, 200 , at \_\_\_\_ M. at the Memorial Conference Center at Westmoreland Regional Hospital located at 532 West Pittsburgh Street, Greensburg, Pa. 15601, phone number (724) 832-4581. The Defendant is also ORDERED to prepay the \$50.00 program registration fee using the CHILD Program Registration Form. (No Money will be accepted at the session).
  
- (4) Non-resident parents must attend a program similar to the CHILD Program which has been certified or approved by the local Court. A Certification of Successful Completion must be presented at the time of the Conciliation Conference.
  
- (5) Should the moving party fail to pay fees or fail to appear for the CHILD Program, the Custody Action shall be dismissed without prejudice, and any fees paid by such party shall be forfeited.

- (6) Should the responding party fail to pay fees or fail to appear for the CHILD Program, an immediate Rule to Show Cause why such party should not be held contempt shall be issued by the Court.
- (7) Each party is hereby ORDERED to submit to the Family Court Administrator (Custody Office), pursuant to Westmoreland County Rule of Civil Procedure W1915.4-3, a completed Parent Information Form and a copy of your most recent Federal Income Tax Return within 30 days of the date of filing this Custody Action. An Election to Proceed Through Mediation or a Consent Agreement may also be filed with the Family Court Administrator at that time. The Plaintiff is hereby Ordered to serve a copy of the Parent Information Form on the Defendant.
- (8) You are hereby ORDERED to appear in person on \_\_\_\_\_, 200 , at \_\_\_\_\_M. for a Custody Conciliation Conference in the Family Court Custody Office on the fourth floor of the Westmoreland County Courthouse Annex, 2 North Main Street, Greensburg Pa. 15601.

**CHILD(REN) MUST ATTEND UNLESS OTHERWISE ORDERED**

If you fail to appear for the Custody Conciliation Conference 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.

**YOU SHOULD TAKE THIS ORDER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW.**

If You Cannot Afford a Lawyer  
 Laurel Legal Services, Inc.  
 306 S. Pennsylvania Avenue  
 Greensburg, Pa. 15601  
 (724) 836-2211

If You Do Not Have a Lawyer  
 Westmoreland Lawyer Referral  
 P.O. Box 565  
 Greensburg, Pa. 15601  
 (724) 834-8490

**AMERICANS WITH DISABILITIES ACT OF 1990**

The Court of Common Pleas of Westmoreland County complies 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 (724) 830-3665. All arrangements must be made at least three working days prior to any hearing or business before the Court. You must attend the scheduled conference or hearing.

**BY THE COURT:**

Date: \_\_\_\_\_ J.

IN THE COURT OF COMMON PLEAS OF WESTMORELAND COUNTY PENNSYLVANIA  
CIVIL ACTION - CUSTODY

Plaintiff's name, )  
Plaintiff )  
vs ) No.  
Defendant's name, )  
Defendant )

**COMPLAINT FOR CUSTODY**

1. The Plaintiff is Plaintiff's name, residing at Plaintiff's Address including county.
2. The Defendant is Defendant's name, residing at Defendant's address.
3. Plaintiff seeks custody of age , who resides at child(ren)'s address
  - a. The child/ren was/were (not) born in wedlock.
  - b. The child/ren is/are presently in the custody of (person who has the children), who resides at \$address\$.
  - c. During the past five (5) years, the child/ren has/have resided with the following persons and at the following places:
  - d. The mother of the child/ren is mother, who resides at mother's address. She is married/single.
  - e. The father of the child/ren is father, who resides at father's address. He is married/single.
- 04 The relationship of Plaintiff to the child/ren is that of natural . The Plaintiff currently resides with the following persons:
- 05 The relationship of Defendant to the child/ren is that of natural . The Defendant currently resides with the following persons.

06 Plaintiff has not participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child/ren in this or another court.

07 Plaintiff has no information of a custody proceeding concerning the child/ren pending in a Court of this Commonwealth.

08 Plaintiff 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.

09 The best interest and permanent welfare of the child/ren will be served by granting the relief requested because

010 Each parent whose parental rights to the child/ren have not been terminated and the person who has physical custody of the child/ren have been named as parties to this action. All other persons, who are known to have or claim a right to custody or visitation of the child/ren have been given notice of the pendency of this action and the right to intervene.

**WHEREFORE**, Plaintiff requests the Court to grant to her/him custody of the child/ren.

by \_\_\_\_\_

Type your name

**VERIFICATION**

I verify that the statements made in this Complaint for Custody 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.

\_\_\_\_\_  
Plaintiff's name

**RESTRICTED DELIVERY**

DATE

Defendant's name  
and address

RE: Plaintiff's name vs. Defendant's name

Dear Defendant's name:

Enclosed, please find a certified true and correct copy of a Custody Scheduling Order and Complaint for Custody which have been filed against you by Plaintiff's name. You will note that a Custody Conciliation Conference has been scheduled for DATE, Fourth Floor, Courthouse Square, Greensburg, Pennsylvania. The purpose of this conference is to attempt to resolve this case without further litigation and it is the best opportunity for us to sit down in the same room and discuss a settlement without emotional and lengthy litigation. Of course, should you wish to have this matter litigated, a court hearing will be scheduled if the conference is unsuccessful.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE WESTMORELAND LAWYER REFERRAL SERVICE, P.O. Box 565, GREENSBURG, PENNSYLVANIA 15601; (724) 834-8490.**

Sincerely,

Your Name

Enclosure

