		Plaintif	f	:	No.
		VS.		:	
				:	CIVIL ACTION – CUSTODY
		Defend	ant	, . :	CIVIL ACTION - CUSTOD1
	ENTI	RY OF APPEARA	ANCE (		EPRESENTED PARTY PURSUANT TO P. 1930.8
_				I a.K.C.I	1. 1930.0
To t	he Protho	onotary:			
Plea	se enter r	my appearance as a self	f-represen	ited party.	
1.	I am the	e □ Plaintiff, □ Defer	ndant, or	☐ Other in the	e above captioned action. (select one)
2.	This is a	a □ custody, □ divor	ce, 🗌 suj	pport, $\square$ prote	ection from abuse, or $\square$ paternity case. (select one)
3.	Select f	rom one of the followi	ng three o	options, a, b, o	r c:
	a.	☐ I do not currently represent me, and			enting me, I have decided not to hire an attorney to elf in this case.
	b.				is my attorney of
		record and I want to I will provide notic			of my attorney and proceed as a self-represented party.
	c.	☐ I am entering my	appearan	ce as a self-rep	presented party (sign),
					hdrawal as my attorney of record in this case. (Attorney
prov whe phor	erved, and ride need re the corne numbe	d a telephone number t not be your home addr	hrough wress and prome addrestreed by n	which you may whone number. was and phone re mail and contact	where you agree that pleadings and other legal papers may be contacted. The address and phone number that you If this is a protection from abuse (PFA) case or other case number is essential, please use an alternate address and cted by telephone.
Nan	ne of Part	У			Home Phone Number – include area code
Stra	et Addres	· c			Cell Phone Number – include area code
Suc	ci Addies				Cen i none number – menude area code
City			State	Zip Code	Fax Number (optional) – include area code

5. I understand that I must file this form in the Prothonotary's Office and that I must file a new form every time my address or telephone number changes. Please see Pennsylvania Rule of Civil Procedure 1930.8 for more information.				
DATE	SIGNATURE			

Plaintiff vs.	: : :	No.	
, Defendant	: : :	CIVIL ACTION – CUSTODY	
NOTICE AND ORDER	TO APP	EAR FOR CIVIL CONTEMPT	
TO:			
Respondent's Name			
Legal proceedings have been bro	ught agai	nst you alleging you have willfully	
disobeyed the provisions of the Order of	Court da	ted	in
the above-captioned action.		(Date of Court Order disobeyed)	
not required to file in writing with the Co	ourt your	forth in the following pages, you m defenses and objections. he Court your defenses or objection	
appear for a conference before the Court	on the _	day of	_, 20 at
o'clockm., Second Floor, Courtroom	ı Number	3, Huntingdon County Courthouse,	Huntingdon,
Pennsylvania			
IF YOU DO NOT APPEAR IN	N PERSO	N, THE COURT MAY ISSUE A	
WARRANT FOR YOUR ARREST.			

If the Court finds that you have willfully failed to comply with its Order of Court, you may be found to be in contempt of court and committed to jail, fined or both.

No party may make a change in residence of any child which significantly impairs the ability of the other party to exercise custodial rights without first complying with all 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 THE 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.

# COURT ADMINISTRATOR HUNTINGDON COUNTY COURTHOUSE 223 PENN STREET HUNTINGDON, PA 16652 (814) 643-5078 AMERICANS WITH DISABILITIES ACT OF 1990

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

	BY THE COUR	Т
DATE:		
	Judge	

Plaintiff	: No	).
VS.	:	
	:	
,	: CI	VIL ACTION – CUSTODY
Defendant	:	
		CONTEMPT
<u>FOR DISOBED</u>	IENCE OF C	CUSTODY ORDER
If you believe the circumstances	in vour case r	equire the Court's immediate attention,
please check "Yes" in the box below. If i		
picuse check Tes in the box below. If I	not, preuse en	Sek 110 .
		_
Emergency Order Requested Ye	es 🗆 N	io 🗆
I,		, representing myself, state that:
Name of Petitioner		
1 T		Datitionar gurrantly racida at
Name of Petitioner		, Petitioner, currently reside at
Address including City St	tate Zin and County	
Address, including City, St	tate, Zip and County	
<b>2.</b> I am the $\square$ mother, $\square$ father, or $\square$		of:
State	e the Relationship (fo	or example, grandparent)
Name of child	Child's Date of	of Birth
Name of child	Child's Date of	£ Dinth
Name of child	Clind's Date (	1 Ditui
Name of child	Child's Date of	f Birth
Name of child	Child's Date of	f Birth
Name of child	Child's Date of	of Birth

3	is the $\Box$ mother, $\Box$ father,
Respondent	
Of   State the Relationship (for example, grandparent)	of the child(ren), and resides at
Address includi	ng City, State, Zip and County
<b>4.</b> An Order of Court was entered on	n, in the Court of Common Pleas of
County, in the State	of, granting me
Name of County	Name of State
□ legal custody, □ physical custody, or □ other, o	of the child(ren). A true and correct copy of the
Order of Court is attached.	
5. The Respondent has violated the Order in the	following way:
<b>6.</b> I last visited with the child(ren) on	·
7. Respondent's Name	is now in contempt for failing to obey the Order
dated	
Date of Order	
8. Request for Emergency Order	
The following emergency situation require	res immediate attention by the Court.
Describe this situation in detail:	

Eme		
Eme	ergency Contact Information	l <b>:</b>
	Plaintiff:	
	Telephone Number:	
	Defendant number 1:	
	Defendant number 2:	
		in contempt, enforce custody, and order any other
Respon	dent's Name	
ppropriate	relief relating to custody wi	th the child(ren), including:
		<u>VERIFICATION</u>
nderstand		e in the foregoing document are true and correct. I are made subject to the penalties of perjury of falsification to authorities.
ate:		
		Signature

•	:			
Plaintiff	: No	).		
vs.	:			
	:			
,	: CI	VIL ACTIO	N – CUSTO	ODY
Defendant	:			
	AVIT OF S ERTIFIED M			
I certify that I served a copy of the	Entry of Ar	pearance. No	otice and O	rder to Appear for
Civil Contempt, and Petition for Civil Con				
upon	<del></del>	1	3	,
-	on	late return receipt		_ by certified mail,
Name of person served	Date served (	date return receipt	signed)	
restricted delivery, return receipt requeste	d. The <b>origi</b> r	nal return rec	eipt signed	by
	is attached.			
Name of person served				
I verify that the statements made in understand that false statements herein are 18 Pa.C.S. § 4904 relating to unsworn false.	e made subje	ct to the pena		
Date:				
	Signature of p	erson certifying se	ervice	
	Name of pers	on certifying service	ce (printed or type	ed)
	Street Addres	s of person certifyi	ng service	
	City	State	Zip Code	
	Area Code	Telephone Numl	ber of person cert	ifying service

Plaintiff	: No.		
vs.	:		
	: CIVI	I ACTION (	CHICTODY
Defendant ,	: CIVI	L ACTION – C	COSTODY
<u>AF</u>	<b>FIDAVIT OF SEI</b> (BY THIRD PART		
I certify that I served a copy of Civil Contempt, and Petition for Civil upon			
	on	, at	(a.m./p.m.)
Name of person served	Date		Time
at			
Street Address	City	State	Zip Code
by handing copies thereof to Respond years and I am not a party to the Proc I verify that the statements ma understand that false statements herei 18 Pa.C.S. § 4904 relating to unsworn	eeding. ade in the foregoing n are made subject	g document are to the penalties	true and correct. I
Date:	Signature of pers	on certifying service	
	Name of person of	certifying service (print	ed or typed)
	Street Address of	person certifying servi	ice
	City	State Zip C	Code
	Area Code To	elephone Number of pe	erson certifying service