

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

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 COURT

DATE: _____

Judge

3. _____ is the mother, father,
Respondent

or _____ of the child(ren), and resides at
State the Relationship (for example, grandparent)

Address, including City, State, Zip and County

4. An Order of Court was entered on _____, in the Court of Common Pleas of
Date of Order

_____ County, in the State of _____, granting me
Name of County Name of State

legal custody, physical custody, or other, 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:

6. I last visited with the child(ren) on _____.
Date

7. _____ is now in contempt for failing to obey the Order
Respondent's Name
dated _____.
Date of Order

8. Request for Emergency Order

The following emergency situation requires immediate attention by the Court.

Describe this situation in detail:

9. Emergency Contact Information:

Plaintiff: _____

Telephone Number: _____

Defendant number 1: _____

Telephone Number: _____

Defendant number 2: _____

Telephone Number: _____

FOR THESE REASONS, I request the Court to issue an Order finding

_____ in contempt, enforce custody, and order any other
Respondent's Name

appropriate relief relating to custody with the child(ren), including:

VERIFICATION

I verify that the statements made in the foregoing document are true and correct. I understand that false statements herein are made subject to the penalties of perjury of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Date: _____

Signature

IN THE COURT OF COMMON PLEAS OF HUNTINGDON COUNTY, PENNSYLVANIA
CIVIL DIVISION

_____,
Plaintiff, :
vs. : No.
: :
: :
_____, :
Defendant : CIVIL ACTION – CUSTODY
:

AFFIDAVIT OF SERVICE
(BY THIRD PARTY)

I certify that I served a copy of the Entry of Appearance, Notice and Order to Appear for Civil Contempt, and Petition for Civil Contempt (which were previously filed with the Court), 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 Respondent. I further certify that I am over the age of eighteen (18) years and I am not a party to the Proceeding.

I verify that the statements made in the foregoing document are true and correct. I understand that false statements herein are made subject to the penalties of perjury of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Date: _____

Signature of person certifying service

Name of person certifying service (printed or typed)

Street Address of person certifying service

City State Zip Code

Area Code Telephone Number of person certifying service