



5. If either Plaintiff(s) and/or Defendant(s) are not the natural parent of the child, provide the following information:

- a. Parent #1 name: \_\_\_\_\_
- b. Parent mailing/home address: \_\_\_\_\_
- c. Parent cell phone number: \_\_\_\_\_
- d. Parent email address: \_\_\_\_\_
- e. Parent #2 name: \_\_\_\_\_
- f. Parent mailing/home address: \_\_\_\_\_
- g. Parent cell phone number: \_\_\_\_\_
- h. Parent email address: \_\_\_\_\_

6. Plaintiff(s) seeks legal and physical custody of the following child(ren):

Name	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. The child(ren) \_\_\_\_\_ was \_\_\_\_\_ was not born out of wedlock.

8. Who currently has custody of the child(ren)? \_\_\_\_\_

a. If not Plaintiff or Defendant:

- i. Custodian is \_\_\_\_\_ and lives at \_\_\_\_\_ with cell phone \_\_\_\_\_

number: \_\_\_\_\_ and email address:

\_\_\_\_\_

ii. Custodian relationship to child(ren): \_\_\_\_\_

iii. How long has child(ren) been living with custodian? \_\_\_\_\_

9. Plaintiff \_\_\_\_\_ has \_\_\_\_\_ has not participated as a party or witness, or in another capacity, in another case concerning the custody of the child in Delaware County or another court.

a. The County and docket number of this case is:

\_\_\_\_\_

10. Plaintiff \_\_\_\_\_ has \_\_\_\_\_ has no information of a custody case concerning the child pending in a court of this Commonwealth or any other state.

a. The County and docket number of this case is:

\_\_\_\_\_

11. Plaintiff \_\_\_\_\_ knows \_\_\_\_\_ does not know of a person not a party to this case who has or has had physical custody of the child or claims to have custodial rights with respect to the child. The name and address of this person is:

\_\_\_\_\_

12. The child(ren)'s best interest and permanent welfare will be served by granting the relief requested because (set forth facts showing that the granting of the relief requested will be in the child's best interest and permanent welfare):

\_\_\_\_\_

\_\_\_\_\_

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13. Each parent whose parental rights to the child have not been terminated and the person who currently has physical custody of the child have been named as parties to this action. All other persons, named below with current addresses, who are known to have or claim a right to custody of the child will be given notice of the pendency of this action and the right to intervene:

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14. If the plaintiff is not the natural parent of the child and is *in loco parentis* to the child, the plaintiff shall state facts establishing standing under 23 Pa.C.S. §5324(2):

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15. If the plaintiff is not *in loco parentis* to the child, the plaintiff shall plead facts establishing standing pursuant to 23 Pa.C.S. §5324(4) and (5):

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16. If the plaintiff is a grandparent seeking physical or legal custody of a grandchild and is not *in loco parentis* to the child, the plaintiff shall state facts establishing standing under 23 Pa.C.S. §5324(3):

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17. If the plaintiff is a grandparent or great-grandparent seeking partial physical custody or supervised physical custody of a grandchild or great-grandchild, the plaintiff shall state facts establishing standing under 23 Pa.C.S. §5325:

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18. Is there an open Children & Youth Services (CYS) investigation? \_\_\_\_\_ YES \_\_\_\_\_ NO

a. If yes, what is the CYS caseworker name and phone #?

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19. Is there a Temporary or Final PFA Order currently in effect? \_\_\_\_\_ YES \_\_\_\_\_ NO

a. If yes, attach a copy of the PFA Order to this Petition

20. Are criminal charges pending against any person named above? \_\_\_\_\_ YES \_\_\_\_\_ NO

a. If yes, which person, in what county/state and what are the charges?

\_\_\_\_\_

WHEREFORE, Plaintiff respectfully requests that this Honorable Court grant this Complaint and order the following custody terms:

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

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

\_\_\_\_\_

PLAINTIFF SIGNATURE

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 Pa.C.S.A. 4904 relating to unsworn falsification to authorities.

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

\_\_\_\_\_

PLAINTIFF SIGNATURE

**AFFIDAVIT OF SERVICE/GOOD FAITH EFFORT**

**(Please complete a separate Affidavit for each Defendant)**

I, \_\_\_\_\_, Plaintiff, hereby certify, subject to the penalties of Pa.C.S.A. §4904 relating to unsworn falsification to authorities, the following:

\_\_\_\_\_ I have served notice on Defendant \_\_\_\_\_ of the attached Complaint for Custody by the following method:

\_\_\_\_\_ Personal service/hand delivery on date: \_\_\_\_\_ at address: \_\_\_\_\_

\_\_\_\_\_ Mail with certified return receipt on date: \_\_\_\_\_ to address: \_\_\_\_\_

\_\_\_\_\_ I have made the following good faith attempts to serve this Complaint for Custody on the Defendant \_\_\_\_\_ and have been unable to serve the Complaint:

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

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

PLAINTIFF SIGNATURE