

## WHEN AND HOW TO FILE **CRIMINAL RECORD AND ABUSE HISTORY VERIFICATION**

When did this form go into effect?	September 2013
Who must file this form?	Anyone who files a "Complaint for Custody" or a "Petition for Modification of Custody Order"
Whose criminal record and abuse history must be reported?	If you are the person filing the custody pleading, you must complete the form for yourself, and ALSO for anyone else who lives in your household
Where and when do I file this form?	You need to file a COMPLETED form at the same time and place where you file your custody complaint or petition.
Will I need copies?	Yes. You will need copies of both your COMPLETED form and the BLANK form. Be sure to make copies before filing.
Do I have to give a copy to the opposing party?	You must give copies of BOTH your COMPLETED form AND the BLANK form to the opposing party.  The BLANK form must be stapled to your complaint or petition when you serve (give a copy to) the opposing party.  You should serve a copy of your COMPLETED form on the opposing party as a separate document.
Do I need a copy for myself?	Yes. It's always a good idea to keep a copy of all the legal documents you file.
What should the opposing party do with the BLANK form?	He or she must complete the form about themselves and anyone who lives in their household. They must file their completed form where custody pleadings are filed, and must file it before the first custody hearing or conference (or within 30 days after being served, whichever is earlier.)
What does the Court do with the completed forms?	The Court will use the information to decide whether anyone poses a threat to the children or whether anyone needs a mental health evaluation or counseling.

eff. 2013-09-03

Sometimes the law and procedures change.  
North Penn Legal Services cannot promise that this information is always up-to-date and correct.  
We provide this information as a public service. It is not legal advice.  
Always consult a lawyer, if you can, before taking legal action.



IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY, PENNSYLVANIA  
FAMILY COURT - CIVIL DIVISION

Plaintiff	:	
vs.	:	No.
Defendant	:	IN CUSTODY

### Criminal Record and Abuse History Verification

I, \_\_\_\_\_ (print name), Plaintiff / Defendant (circle one), hereby swear or affirm, subject to penalties of law including 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the box next to a crime below, neither I nor any member of my household have been convicted, pled guilty or no contest, or was adjudicated delinquent (where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. §6307) to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

<b>Check all that apply</b>	<b>Crime (or related crime)</b>	<b>Self</b>	<b>Other household member</b>	<b>Date of conviction, guilty plea, no contest plea, or pending charges</b>	<b>Sentence</b>
<input type="checkbox"/>	Criminal homicide (murder or manslaughter) (18 Pa.C.S. Ch. 25)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Aggravated assault (18 Pa.C.S. §2702)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Terroristic threats (18 Pa.C.S. §2706)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Stalking (18 Pa.C.S. §2709.1)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Kidnapping (18 Pa.C.S. §2901)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Unlawful restraint (18 Pa.C.S. §2902)	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Check all that apply</b>	<b>Crime (or related crime)</b>	<b>Self</b>	<b>Other household member</b>	<b>Date of conviction, guilty plea, no contest plea, or pending charges</b>	<b>Sentence</b>
<input type="checkbox"/>	False imprisonment (18 Pa.C.S. §2903)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Luring a child into a motor vehicle or structure (18 Pa.C.S. §2910)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Rape (18 Pa.C.S. §3121)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Statutory sexual assault (involving a minor) (18 Pa.C.S. §3122.1)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Involuntary deviate sexual assault (18 Pa.C.S. §3123)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual assault (18 Pa.C.S. §3124.1)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Aggravated indecent assault (18 Pa.C.S. §3125)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Indecent assault (18 Pa.C.S. §3126)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Indecent exposure (18 Pa.C.S. §3127)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual intercourse with an animal (18 Pa.C.S. §3129)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Conduct relating to sex offenders (18 Pa.C.S. §3130)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Arson and related offenses (18 Pa.C.S. §3301)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Incest (18 Pa.C.S. §4302)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Concealing death of a child (18 Pa.C.S. §4303)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Endangering the welfare of children (18 Pa.C.S. §4304)	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Check all that apply</b>	<b>Crime (or related crime)</b>	<b>Self</b>	<b>Other household member</b>	<b>Date of conviction, guilty plea, no contest plea, or pending charges</b>	<b>Sentence</b>
<input type="checkbox"/>	Trading, bartering, buying, selling or dealing in infant children (18 Pa.C.S. §4305)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Prostitution and related offenses (18 Pa.C.S. §5902(b))	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Obscene and other sexual materials and performances (18 Pa.C.S. §5903(c) or (d))	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Corruption of a minor (18 Pa.C.S. §6301)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual abuse of a child (18 Pa.C.S. §6312)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Unlawful contact with a minor (18 Pa.C.S. §6318)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual exploitation of a child (18 Pa.C.S. §6320)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Contempt for violation of a Protection from Abuse Order or Agreement (23 Pa.C.S. §6114)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Manufacture, sale delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>		

2. Unless indicated by my checking the box next to an item below, neither I nor any other member of my household have a history of violent or abusive conduct including the following:

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other household member</b>	<b>Date</b>
<input type="checkbox"/>	A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Check all that apply</b>	<b>Crime</b>	<b>Self</b>	<b>Other household member</b>	<b>Date</b>
<input type="checkbox"/>	Abusive conduct as defined under the Protection from Abuse Act (PFA) in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse: \_\_\_\_\_

\_\_\_\_\_

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child: \_\_\_\_\_

\_\_\_\_\_

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain: \_\_\_\_\_

\_\_\_\_\_

I verify that that information above is true and correct to the best of my knowledge, information or belief. 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)