

# START

## **A CUSTODY/VISITATION MATTER**

Please complete the Complaint for Custody, Criminal Record/ Abuse History Verification, and Entry of Appearance of Self-Represented Party prior to arriving at Orphans' Court. Self-represented parties must meet the same requirements as those represented by Counsel.

1. *Pro se* filing is permitted on **Thursdays** between **9:30 a.m. and 11:30 a.m.** ONLY.
2. Children must be residents of Luzerne County for no less than **6 months** prior to filing.
3. There is a fee of **\$172.00** to begin a custody matter. This one-time filing fee is payable to the Prothonotary's Office. Cash, money orders and credit cards are accepted – no personal checks.
4. Children named within this action must be identified by **initials only**.

### **Complaint for Custody**

- ALL parents who have not had their rights formally terminated by the Court must be provided an opportunity to participate in the hearing. **The level of involvement of any parent in the life of the child(ren) has no bearing upon the parent's right to participate.**
- Because the Court does not serve parties in custody matters, you must provide a complete address for each party named in the matter so that you may serve them properly.
- Please make sure to provide all applicable information and sign and date the Petition and Verification on page 4.
- All captions (Party 1 vs. Party 2) must be completed.

**Criminal Record/ Abuse History Verification**

- This form is for the Petitioner(s) and his or her household. All other parties will complete this form at the time of the hearing.
- Please make sure to provide all applicable information and sign and date page 4.

**Entry of Appearance of Self-Represented Party**

- Complete the caption and all personal information.
- The bottom portion of the form (Removal or Withdrawal of Counsel of Record) should only be completed if applicable.
- Counsel may represent any party at any time.

**Confidential Information Form and Certificate of Compliance**

- Complete the Confidential Information Form by providing the required information regarding the case caption, docket number, and children.
- Sign the Certificate of Compliance regarding confidential information.

**5. Take all original documents to the Prothonotary's Office at:**

Luzerne County Courthouse  
Second Floor  
200 North River Street  
Wilkes-Barre, PA 18711

**6. Using your return address, mail copies of the complete packet, via the postal service, as follows:**

- |   |
|---|
| <ul style="list-style-type: none"><li>• 1 copy by Certified Mail (<b><u>RETURN RECEIPT REQUESTED AND RESTRICTED DELIVERY</u></b>) unless served by Sheriff or Constable. There will be separate charges by the Post Office for certified mail, the return receipt card, and the restricted delivery (which requires a signature of the other party only).</li><li>• 1 copy by first class mail.</li></ul> |
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**7. Bring the green return receipt card to the hearing as proof of service. If the first class mail is returned to you, bring it to the hearing.**

## **GENERAL INFORMATION REGARDING MASTER'S CUSTODY CONFERENCE**

The initial master's conference is not a trial before the Judge. Formal testimony similar to a courtroom trial is not generally taken. A "master" is a lawyer who works for the court and he/she will preside over the settlement conference.

The master's conference is in a more informal setting and provides an opportunity to resolve the custody/visitation matter without the necessity of a lengthy, and often-times costly, trial.

The end result of a master's conference is a custody order, later, signed by the Judge, which outlines the provisions of the parties' custody/visitation agreement. If the parties cannot agree to the terms of an agreement, the master will make a recommendation for a hearing before Court or testimony before the Master depending on the circumstances of the case.

The master's conference will be held on the 3<sup>rd</sup> floor of the Luzerne County Courthouse Annex II, located across the street from the main Courthouse at 113 West North Street, Wilkes-Barre, PA. This is the same building where the Domestic Relations Office (Support) is located.

If you have concerns regarding the fitness of the defendant (respondent), you may request the master to order the other party to undergo appropriate evaluations (i.e., drug and alcohol evaluation, mental health evaluation, home study). You may have to share in the costs of these evaluations. Further, you may also be ordered to undergo evaluations yourself if requested by the other party and if the master believes joint evaluations are needed.

If you believe the other parent's contact should be in a restricted setting (e.g., supervised by a local agency, relative or at a neutral site) you must be prepared to offer current reasons for your request and it would be best if you had supporting evidence, including reports from local agencies, regarding the other parent's mental/physical/social impairments which could limit physical contact.

1. At the conference you must be prepared to discuss the specific terms (times, dates, etc. ) of any custodial arrangement.
2. Failure to properly serve the Petition upon the Respondent will result in no action taken at the conference.
3. If Petitioner fails to appear at the conference, the Petition will be dismissed.

## **CUSTODY TERMS**

### **DECISION MAKING**

#### **LEGAL CUSTODY**

The right to make major decisions on behalf of the child, including, but not limited to, medical, religious and educational decisions.

#### **SHARED LEGAL CUSTODY**

The right of more than one individual to legal custody of the child.

### **PHYSICAL ASPECT**

#### **PHYSICAL CUSTODY**

Actual physical possession and control of a child.

#### **PRIMARY PHYSICAL CUSTODY**

The right to assume physical custody of the child for the majority of time.

#### **PARTIAL PHYSICAL CUSTODY**

The right to assume physical custody of the child for less than a majority of the time.

#### **SOLE PHYSICAL CUSTODY**

The right of one individual to exclusive physical custody of the child.

#### **SUPERVISED PHYSICAL CUSTODY**

Custodial time during which an agency or an adult designated by the court or agreed upon by the parties monitors the interaction between the child and the individual with those rights.

### **OTHER**

#### **RELOCATION**

A change in residence of the child which significantly impairs the ability of a non-relocating party to exercise custodial rights.

#### **IN LOCO PARENTIS**

"Person acting as parent" – person other than parent, including an institution, who has physical custody of a child and who has either been awarded custody by a court or claims a right to custody.



without first complying with all of the applicable provisions of 23 Pa. C.S. § 5337 and Pa. R.C.P. No. 1915.17 regarding relocation.

If you are incarcerated, you may participate in the conference before the Master by telephone. You MUST provide, in writing, the telephone number at which you may be reached at the time scheduled for the hearing, as well as the name of the counselor, prior to the hearing date. Please mail the request to Orphans' Court, Brominski Building, Third Floor, 113 West North Street, Wilkes-Barre, PA 18711.

**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 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 REDUCED FEE, OR NO FEE, LEGAL SERVICES TO ELIGIBLE PERSONS.**

North Penn Legal Services  
33 North Main Street  
Suite 200  
Pittston, PA 18640  
(570) 299-4100

Lawyer Referral Service  
Luzerne County Courthouse  
Wilkes-Barre, PA 18711  
(570) 822-6029

Americans with Disabilities Act of 1980

Luzerne County Courthouse is a facility accessible to persons with disabilities. Please notify the ADA Compliance Officer, who may be contacted by telephone at (570) 830-5135, if special accommodations are required. All arrangements must be made at least 72 hours prior to any hearing or business before the Court. You must attend the scheduled conference or hearing.

**FOR THE COURT:**

Date of Order: \_\_\_\_\_

Plaintiff	:	IN THE COURT OF COMMON PLEAS OF LUZERNE COUNTY
v.	:	Civil Action - - Law IN CUSTODY
Defendant	:	No. _____ of _____

**COMPLAINT FOR CUSTODY**

TO THE HONORABLE, THE JUDGES OF SAID COURT:

1. The Plaintiff is \_\_\_\_\_, an adult individual who resides at \_\_\_\_\_, Luzerne County, PA.  
Plaintiff's telephone number is \_\_\_\_\_.
  
2. The Defendant, \_\_\_\_\_, is an adult individual residing at \_\_\_\_\_, Luzerne County, PA.  
Defendant's telephone number is \_\_\_\_\_.
  
3. The Plaintiff seeks (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the following child(ren):

<u>INITIALS Only</u>	<u>Present Address</u>	<u>YEAR of Birth Only</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

The minor child(ren) ( ) were ( ) were not born out-of-wedlock.  
 The child(ren) is presently in the custody of \_\_\_\_\_ (name) who resides at \_\_\_\_\_.

4. For the past five (5) years, the minor child(ren) has resided with the following persons at the following addresses: (List all that apply)

<u>PERSONS</u>	<u>ADDRESS</u>	<u>DATES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The mother of the child(ren) is \_\_\_\_\_, currently residing at \_\_\_\_\_  
\_\_\_\_\_. She is ( ) married ( ) divorced ( ) single.

The father of the child(ren) is \_\_\_\_\_, currently residing at \_\_\_\_\_  
\_\_\_\_\_. He is ( ) married ( ) divorced ( ) single.

5. The relationship of the Plaintiff to the minor child(ren) is that of \_\_\_\_\_.

The Plaintiff currently resides with the following persons: (Any child must be identified by initials only)

Name	Relationship
_____	_____
_____	_____
_____	_____

6. The relationship of the Defendant to the minor child(ren) is that of \_\_\_\_\_.

The Defendant currently resides with the following persons: (Any child must be identified by initials only)

Name	Relationship
_____	_____
_____	_____
_____	_____

7. The Plaintiff (has) (has not) participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child in this or another court. The court, term and number, and its relationship to this action is:

\_\_\_\_\_.

8. The Plaintiff (knows) (does not know) of a person not a party to the proceedings who has physical custody of the child or claims to have custodial rights with respect to the child. The name and address of such person is:

PERSONS

ADDRESS

_____	_____
_____	_____
_____	_____

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

(Any child must be identified by initials only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name

Address

Basis of Claim

_____	_____	_____
_____	_____	_____
_____	_____	_____

(a) If the plaintiff is a grandparent who is not in loco parentis to the child and is seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5323, you must plead facts establishing standing pursuant to 23 Pa.C.S. § 5324(3).

\_\_\_\_\_

\_\_\_\_\_



(b) If the plaintiff is a grandparent or great-grandparent who is seeking partial physical custody or supervised physical custody pursuant to 23 Pa.C.S. § 5325, you must plead facts establishing standing pursuant to 23 Pa C.S. § 5325.

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(c) If the plaintiff is a person seeking physical and/or legal custody pursuant to 23 Pa.C.S. § 5324(2) as a person who stands in loco parentis to the child, you must plead facts establishing standing.

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11.I have attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P. No. 1915.3-2.

WHEREFORE, Plaintiff requests the Court to grant (shared legal custody) (sole legal custody) (partial physical custody) (primary physical custody) (shared physical custody) (sole physical custody) (supervised physical custody) of the child(ren).

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DATE

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PLAINTIFF

**VERIFICATION**

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 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

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DATE

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PLAINTIFF

Plaintiff	:	IN THE COURT OF COMMON PLEAS OF LUZERNE COUNTY
v.	:	Civil Action - - Law IN CUSTODY
Defendant	:	No. _____ of _____

**CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

I, \_\_\_\_\_, hereby swear or affirm, subject to penalties of law including 18 Pa.C.S. § 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 other member of my household have been convicted or pled guilty or pled 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>NONE</b>	_____ <b>YES (SEE FOLLOWING)</b>
	Date of conviction, guilty plea, no contest plea or pending charges
	Sentence
	Other household member
	Self
<b>Check all that apply Crime</b>	
<input type="checkbox"/> 18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> 18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> 18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> 18 Pa.C.S. § 2709.1 (relating to stalking)	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> 18 Pa.C.S. § 2901 (relating to kidnapping)	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> 18 Pa.C.S. § 2902 (relating to unlawful restraint)	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> 18 Pa.C.S. § 2903 (relating to false imprisonment)	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> 18 Pa.C.S. § 2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> 18 Pa.C.S. § 3121 (relating to rape)	<input type="checkbox"/> <input type="checkbox"/> _____
<input type="checkbox"/> 18 Pa.C.S. § 3122.1	<input type="checkbox"/> <input type="checkbox"/> _____

	(relating to statutory sexual assault)				
<input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5903(c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

- Driving under the influence of drugs or alcohol   \_\_\_\_\_
- Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device   \_\_\_\_\_

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, or involvement with a Children & Youth agency, including the following:

**Check all that apply**

	Self	Other household member	Date
<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"/>	_____
<input type="checkbox"/> Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where?: _____	<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. **Please list the name(s) of all adult household members other than you. 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:**

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I verify that the 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.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

	:	IN THE COURT OF COMMON PLEAS
Plaintiff	:	OF LUZERNE COUNTY
vs.	:	CIVIL
Defendant	:	No _____ of _____

**ENTRY OF APPEARANCE OF SELF-REPRESENTED PARTY  
PURSUANT TO Pa. R.C.P. No. 1930.8**

I, \_\_\_\_\_,  Plaintiff or  Defendant represent myself in the within action.

All pleadings and legal papers can be served on me at the address listed below:

PRINT Name	(    ) _____ Telephone Number
Signature	(    ) _____ Fax Number
Street Address	City
State	Date
Zip Code	

**I UNDERSTAND THAT I AM UNDER A CONTINUING OBLIGATION TO PROVIDE CURRENT CONTACT INFORMATION TO THE COURT, TO OTHER SELF-REPRESENTED PARTIES, AND TO ATTORNEYS OF RECORD.**

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REMOVAL OR WITHDRAWAL OF COUNSEL OF RECORD (if applicable)

- Remove \_\_\_\_\_ as my attorney of record.
- Withdraw my appearance for the filing party.

Signature	PRINT Name
Date	Attorney Identification Number

**THE PARTY FILING THIS ENTRY OF APPEARANCE MUST PROVIDE NOTICE BY SENDING A COPY TO ALL PARTIES AND ATTORNEYS, INCLUDING ATTORNEY REMOVED FROM THE CASE.**



**CONFIDENTIAL  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

*Public Access Policy of the Unified Judicial System of Pennsylvania:  
Case Records of the Appellate and Trial Courts  
204 Pa. Code § 213.81  
[www.pacourts.us/public-records](http://www.pacourts.us/public-records)*

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Docket/Case No.

Vs.

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Court

This form is associated with the pleading titled \_\_\_\_\_, dated \_\_\_\_\_.

Pursuant to the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>_____ Social Security Number (SSN):</p> <p>_____ Financial Account Number (FAN):</p> <p>_____ Driver's License Number (DLN):</p> <p>_____ State of Issuance:</p> <p>_____ State Identification Number (SID):</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>_____ Social Security Number (SSN):</p> <p>_____ Financial Account Number (FAN):</p> <p>_____ Driver's License Number (DLN):</p> <p>_____ State of Issuance:</p> <p>_____ State Identification Number (SID):</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>



**CONFIDENTIAL  
INFORMATION  
FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
(full name of adult)  OR This information pertains to a minor with the initials of _____ and the full name of _____	Social Security Number (SSN): _____  Financial Account Number (FAN): _____  Driver's License Number (DLN): _____	Alternative Reference: SSN _____  Alternative Reference: FAN _____  Alternative Reference: DLN _____
(full name of minor)  and date of birth: _____	State of Issuance: _____  State Identification Number (SID): _____	Alternative Reference: SID _____
(full name of adult)  OR This information pertains to a minor with the initials of _____ and the full name of _____	Social Security Number (SSN): _____  Financial Account Number (FAN): _____  Driver's License Number (DLN): _____	Alternative Reference: SSN _____  Alternative Reference: FAN _____  Alternative Reference: DLN _____
(full name of minor)  and date of birth: _____	State of Issuance: _____  State Identification Number (SID): _____	Alternative Reference: SID _____

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

\_\_\_\_\_  
Signature of Attorney or Unrepresented Party

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Attorney Number: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.**