

INSTRUCTIONS FOR COMPLETING THE PETITION TO INTERVENE

TYPE OR PRINT NEATLY

STEP 1 – The Caption

Fill in the names of the parties and the docket number exactly how they appear on the current custody court order.

STEP 2 – The Petition

1. You are the petitioner. Put your name on the line and list your current address and phone number.
2. Fill in the names and birthdays of all minor children that are subjects to the custody case on the Confidential Information Form first column. (204 Pa.Code § 213.81)
3. Please list the relationship of this Petitioner to the child(ren).
4. Put the date of the current custody order in the lines provided.
5. List who currently has the child(ren).
6. List the reasons why the petitioner is requesting to be party to the custody action.
7. Under sections 7 & 8 check the circumstance that applies for the petitioner to intervene.

STEP 3 – Signing The Petition

Sign and date the Petition.

STEP 4 – Addresses

Complete the current mailing address and phone numbers for all parties and or indicate any attorneys involved.

STEP 5 – Filing

File the original petition with the Blair County Prothonotary Office.

There is a \$25 filing fee associated with this petition made payable to Blair County Prothonotary's office.

These are general instructions and may not apply or be all you need to know to file a petition. Please seek legal advice if you are unsure of how to proceed.

_____ : IN THE COURT OF COMMON PLEAS
 Plaintiff : OF BLAIR COUNTY, PENNSYLVANIA
 vs. :
 : NO. _____
 :
 _____ : CIVIL ACTION – CUSTODY
 Defendant :

PETITION TO INTERVENE

1. Petitioner is _____ an individual residing at:

Phone # _____ E-Mail _____

2. Petitioner wishes to intervene in this custody case involving the child (ren) identified on the Confidential Information Form first column. (204 Pa.Code § 213.81) List additional children as necessary.

*****Do not list names and date of birth of children on this form, identify by numerals or initials corresponding to attached Confidential Information Form.**

Child ____ Child ____ Child ____ Child ____

3. The relationship of this Petitioner to the child (ren) is: _____.

4. There is an existing order in this case dated _____.

5. The child (ren) are presently in the custody of _____

_____.

6. Petitioner requests the Petition to Intervene be granted by this Court because:

7. Petitioner is seeking **physical** and/or **legal custody** based upon which of the following circumstances:

- ____(A) the child has been determined to be a dependent child under 42 Pa. C.S. Ch. 63 (relating to juvenile matters);
- ____(B) the child is substantially at risk due to parental abuse, neglect, drug or alcohol abuse or incapacity; or
- ____(C) the child has, for a period of at least 12 consecutive months, resided with the grandparent, excluding brief temporary absences of the child from the home, and is removed from the home by the parents, in which case the action must be filed within six months after the removal of the child from the home.

8. And/or Petitioner is seeking **partial physical custody** based upon which of the following circumstances:

- ____(A) where the parent of the child is deceased, a parent or grandparent of the deceased parent may file an action under this section.
- ____(B) where the parents of the child have been separated for a period of at least six months or have commenced and continued a proceeding to dissolve their marriage; or
- ____(C) when the child has, for a period of at least 12 consecutive months, resided with the grandparent or great-grandparent, excluding brief temporary absences of the child from the home, and is removed from the home by the parents, an action must be filed within six months after the removal of the child from the home.

The foregoing statements of fact are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Date: _____

Petitioner

Name and Address of Plaintiff

Name and Address of Defendant

Phone: _____
E-Mail: _____

Phone: _____
E-Mail: _____

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

Instructions for Completing the Confidential Information Form

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
6. Abuse victim's address and other contact information, including employer's name, address and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim's name. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.C.P. No. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.C.P. No. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof. A court may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**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*

(Party name as displayed in case caption)

Vs.

(Party name as displayed in case caption)

Docket/Case No.

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

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

Additional page(s) attached. _____ total pages are attached to this filing.

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.

**CONFIDENTIAL
INFORMATION
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**APPELLATE/TRIAL COURT
CASE RECORDS**

Additional page (if necessary)

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

**CONFIDENTIAL
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**APPELLATE/TRIAL COURT
CASE RECORDS**

Abuse Victim Addendum

Instructions for Completing the Abuse Victim Addendum: The Abuse Victim Addendum shall accompany a filing where confidential information is being provided by an abuse victim, as defined in this policy, in family court actions (see Pa.R.C.P. No. 1931(a)), as required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter. This addendum, and any additional pages, shall only be provided to the court and shall remain confidential. The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage	<input type="checkbox"/> Child Custody	
<input type="checkbox"/> Support	<input type="checkbox"/> Paternity	<input type="checkbox"/> Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
_____	AV Address:	Alternative Reference: AV 1 Address
(full name of abuse victim)	_____	
_____	AV Employer's Name & Address:	Alternative Reference: AV 1 Employer's Name & Address
Docket/Case No. of Protection Order	_____	
_____	AV Work Schedule:	Alternative Reference: AV 1 Work Schedule
Court/County	_____	
	AV Other contact information:	Alternative Reference: AV 1 Other contact information

Attach additional page(s) if necessary.

**CONFIDENTIAL
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**APPELLATE/TRIAL COURT
CASE RECORDS**

Abuse Victim Addendum
Additional page (if necessary)

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage	<input type="checkbox"/> Child Custody	
<input type="checkbox"/> Support	<input type="checkbox"/> Paternity	<input type="checkbox"/> Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
(full name of abuse victim)	AV Address:	Alternative Reference: AV __ Address
Docket/Case No. of Protection Order	AV Employer's Name & Address:	Alternative Reference: AV __ Employer's Name & Address
Court/County	AV Work Schedule:	Alternative Reference: AV __ Work Schedule
	AV Other contact information:	Alternative Reference: AV __ Other contact information

Type of Family Court Action		
<input type="checkbox"/> Divorce, Annulment, Dissolution of Marriage	<input type="checkbox"/> Child Custody	
<input type="checkbox"/> Support	<input type="checkbox"/> Paternity	<input type="checkbox"/> Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
(full name of abuse victim)	AV Address:	Alternative Reference: AV __ Address
Docket/Case No. of Protection Order	AV Employer's Name & Address:	Alternative Reference: AV __ Employer's Name & Address
Court/County	AV Work Schedule:	Alternative Reference: AV __ Work Schedule
	AV Other contact information:	Alternative Reference: AV __ Other contact information