

# INSTRUCTIONS FOR COMPLETING THE PETITION FOR SPECIAL RELIEF

**Note:** The filing of a Petition for Special Relief is reserved for emergency situations only and is not to be used for the ultimate resolution of a custody situation. It is always better that the parties attempt to negotiate their differences through all other means possible prior to the filing of a petition.

\*It is highly recommended that an attorney be contacted in order to determine the appropriateness of a petition and to provide representation in the scheduled proceeding.

TYPE OR PRINT NEATLY ON THE FORM

## STEP 1 – The Caption

Fill in the names of the parties and the docket number exactly how they appear on any existing custody complaint or custody order.

## STEP 2 – The Petition

Line 1. You are the Petitioner. Put your name on the line.

Line 2. Circle whether there is or is not a custody order and indicate the date of the order.

Line 3. Circle whether a custody complaint or petition to modify has or has not been filed along with this petition for special relief.

Line 4. Fill in the child (ren) information on the Confidential Information Form first column. (204 Pa.Code § 213.81)

Line 5. Describe the events and/or situation that you believe present immediate safety concerns for the child (ren).

Line 6. Circle whether Children & Youth Services has or has not been notified of the allegations described in this petition.

Line 7. Describe what type of custody order you are requesting the court to enter.

## STEP 3 – Signature

Sign and date the petition

## STEP 4 – Addresses

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

## STEP 5 – Filing

File the original Petition for Special Relief at the Blair County Custody Office.

## STEP 6 – Scheduling

Your petition will be processed by the Custody Office on an Order called a Rule that will be signed by a Judge setting a date for hearing. You are responsible for serving a copy of the Rule and Petition on the opposing party by certified mail, Sheriff's service or by person.

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

**PETITION FOR SPECIAL RELIEF**

1. Petitioner is \_\_\_\_\_.
2. There **is/is not** a Custody Order in this case, dated \_\_\_\_\_.  
(please circle)
3. A Custody Complaint or Petition to Modify **has/has not** been filed in this case.  
(please circle)
4. List the names and ages of the child (ren) on the Confidential Information Form first column.  
(204 Pa.Code § 213.81).  
\*\*\*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 \_\_\_\_\_ (ist additional children as necessary.)

5. The Petitioner presents the following allegations that put the child(ren) **in immediate danger of physical injury or serious emotional harm**: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Children and Youth Services **has/has not** been contacted regarding these allegations.  
(please circle)

7. The Petitioner requests the following court intervention: \_\_\_\_\_  
 \_\_\_\_\_

The foregoing statement 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 sworn falsifications to authorities.

Date \_\_\_\_\_

\_\_\_\_\_  
Petitioner

**Name and Address of Plaintiff**

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

**Phone #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Name and Address of Defendant**

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

**Phone #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**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.

**THIS FORM IS CONFIDENTIAL**

**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)

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

**THIS FORM IS CONFIDENTIAL**

**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  
FORM**



**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>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 ____</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>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 ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>



**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  
INFORMATION  
FORM**



**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:
<p>_____</p> <p>(full name of abuse victim)</p> <p>_____</p> <p>Docket/Case No. of Protection Order</p> <p>_____</p> <p>Court/County</p>	<p>AV Address:</p> <p>_____</p> <p>AV Employer's Name &amp; Address:</p> <p>_____</p> <p>AV Work Schedule:</p> <p>_____</p> <p>AV Other contact information:</p> <p>_____</p>	<p>Alternative Reference: AV __ Address</p> <p>Alternative Reference: AV __ Employer's Name &amp; Address</p> <p>Alternative Reference: AV __ Work Schedule</p> <p>Alternative Reference: AV __ Other contact information</p>

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:
<p>_____</p> <p>(full name of abuse victim)</p> <p>_____</p> <p>Docket/Case No. of Protection Order</p> <p>_____</p> <p>Court/County</p>	<p>AV Address:</p> <p>_____</p> <p>AV Employer's Name &amp; Address:</p> <p>_____</p> <p>AV Work Schedule:</p> <p>_____</p> <p>AV Other contact information:</p> <p>_____</p>	<p>Alternative Reference: AV __ Address</p> <p>Alternative Reference: AV __ Employer's Name &amp; Address</p> <p>Alternative Reference: AV __ Work Schedule</p> <p>Alternative Reference: AV __ Other contact information</p>