

**IN THE COURT OF COMMON PLEAS FOR ADAMS COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW**

Name	PLAINTIFF	:	
	vs.	:	CASE NO. _____
		:	ACTION IN CUSTODY
Name	DEFENDANT 1	:	
	and (if applicable)	:	
Name	DEFENDANT 2	:	

RESPONDENT’S 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 “YES” box next to a crime below, I have checked the “NO” box to indicate that 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:

Check YES to all that apply	Check NO to all that DO NOT apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2709.1 (relating to stalking)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>		

Check YES to all that apply	Check NO to all that DO NOT apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <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"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3122.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>		

Check YES to all that apply	Check NO to all that DO NOT apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea or pending charges	Sentence
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 5902(b) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <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"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	23 Pa.C.S. § 6114 (relating to contempt for violation of protection order or agreement)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <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"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. Ch. 30 (relating to human trafficking)	<input type="checkbox"/>	<input type="checkbox"/>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	18 Pa.C.S. § 5902(b.1) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>		

2. Unless indicated by my checking the “YES” box next to an item below, I have checked the “NO” box to indicate that neither I nor any other member of my household have a history of violent or abusive conduct including the following:

Check YES to all that apply	Check NO to all that DO NOT apply		Self	Other household member	Date
YES <input type="checkbox"/>	NO <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"/>	
YES <input type="checkbox"/>	NO <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"/>	
YES <input type="checkbox"/>	NO <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 record/abuse history, please explain:

6a. Has/have the child/children involved with this custody case been the subject of an indicated or founded report of child abuse? YES NO

6b. Has a party or a member of a party's household been identified as the perpetrator in an indicated or founded report of child abuse? YES NO

6c. If you answered YES to question 6a and/or 6b, please complete the following:

Name of perpetrator: _____

Date(s) of incidents of child abuse: _____

Circumstances of child abuse incident(s):

County and state where child abuse investigation took place: _____

7a. Has a party or a member of a party's household been provided services by children & youth services, child protective services, or general protective services? YES NO

7b. If you answered YES to question 7a, please complete the following:

Name of agency that provided services: _____

Type of services provided: _____

The circumstances surrounding the provision of services:

The status of services: _____

Date(s) services provided: _____

County and State where the services were provided: _____

8a. Are you aware of any pending investigations of abuse of either party or members of either party's household by any children & youth services agency, child protective services, or general protective services agency, or the equivalent agency in another jurisdiction, concerning the children in this custody case or any other children?

YES NO

8b. If you answered YES to question 8a, please complete the following:

Name of agency where investigation is pending: _____

Status of the investigation: _____

The circumstances surrounding the investigation:

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.

DATE

SIGNATURE

(Printed Name)

(Address)

(_____)_____
(Home Phone)

(_____)_____
(Work Phone)