

**IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
CIVIL DIVISION**

Plaintiff      Custody No.  
vs  
Defendant

**AFFIDAVIT**

I, \_\_\_\_\_, hereby swear or affirm, subject to penalties of law including 18 Pa. C.S.A. §4904 relating to unsworn falsification to authorities that:

1. I and/or another adult living in my household have or have not been convicted, pled guilty or no contest to the following crimes in Pennsylvania or any other jurisdiction, as follows:

<u>No</u>	<u>Yes</u>		<u>Me</u>	<u>Adult in my Household</u>	<u>Date</u>
<input type="checkbox"/>	<input type="checkbox"/>	Contempt for violation of a Protection from Abuse Order or Agreement	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Driving under the influence of alcohol or a controlled substance or drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Possession, sale, delivery, manufacturing or offering for sale any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Criminal homicide; Murder	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated assault	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Terroristic threats	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stalking	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful restraint	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	False imprisonment	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>No</u>	<u>Yes</u>		<u>Me</u>	<u>Adult in my Household</u>	<u>Date</u>
<input type="checkbox"/>	<input type="checkbox"/>	Luring a child into a motor vehicle or structure	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault, indecent assault, indecent exposure, sexual abuse of children, sexual exploitation of children, sexual intercourse with an animal or incest	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sex offender non-compliance with registration requirements, statute, Court Order, probation or parole, or other requirements under 18 Pa. C.S.A. §3130 and 42 Pa. C.S.A. §9795.2	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Arson and related offenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Concealing death of a child	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Endangering the welfare of children	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Trading, bartering, buying, selling or dealing in infant children	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution and related offenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Obscene and other sexual materials and performances	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Corruption of minors or unlawful contact with a minor	<input type="checkbox"/>	<input type="checkbox"/>	_____

2. I and/or another adult living in my household have present and/or past history of violent or abusive conduct including the following:

<u>No</u>	<u>Yes</u>		<u>Me</u>	<u>Adult in my Household</u>	<u>Date</u>
<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	Other: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please list any evaluation, counseling or other treatment received following conviction:

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

If any conviction above applies to a household member, not a party, state that person's relationship to the child: \_\_\_\_\_

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

3. I acknowledge and understand that I must file an updated notarized Affidavit concerning any criminal and/or abusive history if I and/or another adult living in my household is convicted or pleads guilty or no contest to any of the offenses listed in paragraphs 1 or 2 above after the date of this notarized statement.

\_\_\_\_\_  
Signature