

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

) NO. -FC-
Plaintiff)
vs) CUSTODY
)
Defendant)

NOTICE OF PROPOSED RELOCATION

Pa. C.S. 23 §5337 and Pa. R.C.P. 1915.17

You, _____, are hereby notified that
_____, (party proposing relocation) intends to relocate with the
following minor child(ren): (***write child/ren's initials***)

To object to the proposed relocation, you must complete the attached counter-affidavit and serve it on the other party by certified mail, return receipt requested, addressee only, or pursuant to Pa.R.C.P. No. 1930.4 within 30 days of receipt of this notice. If there is an existing child case, you also must file the counter-affidavit with the court. If you do not object to the proposed relocation within 30 days, the party proposing relocation has the right to relocate and may petition the court to approve the proposed relocation and to modify any effective custody orders or agreements. **FAILURE TO OBJECT WITHIN 30 DAYS WILL PREVENT YOU FROM OBJECTING TO THE RELOCATION ABSENT EXIGENT CIRCUMSTANCES.**

Address of the proposed new residence:

Mailing address of intended new residence (if not the same as above):

Names and ages of the individuals who intend to reside at the new residence:
(***If any of the other individuals are minors please use their initials***)

Name

Age

Home telephone number of the new residence: _____

Name of the new school district and school the child(ren) will attend after relocation:

Date of the proposed relocation: _____

Reasons for the proposed relocation:

Proposed modification of custody schedule following relocation:

Other information:

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, 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 LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

**LAWYER REFERRAL SERVICE
PO BOX 1324
ALLENTOWN PA 18105-1324
610-433-7094**

Date

Petitioner

CERTIFICATE OF COMPLIANCE

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.

Submitted by: _____

Signature: _____

Name: _____

Attorney No.
(if applicable): _____