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

) NO.

-FC-

	Plaintiffs))) CUSTODY
	Defendant))
<u>F</u>	PETITION FOR CONTEMP	PT OF A CUSTODY ORDER
Petitioner is	/ ////////////////////////////////////	WWW. Plaintiff Defendant residing at.
Respondent is	/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	₩₩₩₩₩, ☐ Plaintiff ☐ Defendant residing a
Respondent is	/XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	₩₩₩₩₩, ☐ Plaintiff ☐ Defendant residing a
, ,		(have) (have not) resided in Lehigh not resided in Lehigh County for the last six
a. In w	hat county/state do they liv	/e?
b. how	v long have they lived there	?
Petitioner respec	ctfully represents that on	
an Order of Court attached.	was entered for legal and ph	ysical custody, a true and correct copy of which is
The Petitioner co	urrently resides with the foll	lowing adult persons:
	Ā.Ē	
	Name	Date of Birth

Nar	e Date of Birth
Respondent has willfully failed to violation of the Court Order):	abide by the Order in that (<i>briefly explain the alleged</i>
Barrier and a service laboration	
Petitioner has attached the Crin	inal Record/Abuse History Verification Form required I
Pa. R.C.P. No. 1915.3-2.	inal Record/Abuse History Verification Form required by
Pa. R.C.P. No. 1915.3-2. WHEREFORE, the Petition	
Pa. R.C.P. No. 1915.3-2. WHEREFORE, the Petition	r requests that the Respondent be found in Contempt
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Pa. R.C.P. No. 1915.3-2. WHEREFORE, the Petition	Petitioner (Signature) Print Name
Pa. R.C.P. No. 1915.3-2. WHEREFORE, the Petition Court and that the Court grant so a second	r requests that the Respondent be found in Contempt uch relief as it shall find just and equitable. Petitioner (Signature) Print Name Address

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.	