## CUPMD

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

	vs Plaintiffs ) Defendant ) Defendant OF A CUSTODY ORDER
1.	Petitioner is Plaintiff Defendant Address is confidential No
	<ul> <li>Yes (If yes, you must check one)</li> <li>Address Confidentiality Program ACP code:</li> <li>Final PFA Order Case Number:</li> </ul>
2.	Respondent is,
3.	Respondent is,
4.	The child(ren) and the primary custodian [] (have) [] (have not) resided in Lehigh County the last six months. If they have not resided in Lehigh County for the last six months:

- a. In what county/state do they live?
- b. how long have they lived there?

•	Petitioner respectfully represents that on		
	an Order of Court was entered for legal and physical custody, a which is attached.	true and correct copy of	
6.	The Petitioner resides with the following adult persons:		
	Name	Date of Birth	
,	The Respondent resides with the following adult persons: <b>Name</b>	Date of Birth	
-	The Respondent resides with the following adult persons: Name	Date of Birth	
).	The Order should be modified as follows: <i>(what do you want ch</i>	anged)	

10. The Order should be modified because: (why do you want the change)

11. Petitioner has attached the Criminal Record/Abuse History Verification form required by Pa. R.C.P. No. 1915.3-2

WHEREFORE, Petitioner requests that the Court modify the existing Order because it will be in the best interest of the child(ren).

Print Name

**Petitioner Signature** 

Phone Number

I verify that the statements made in this pleading are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Sec. 4904 relating to unsworn falsification to authorities.

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):