**CUPMD** 

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

		)	NO.	-FC-
	Plaintiff	)		
VS		)	CUSTO	DY
		)		
	Defendant	)		

## PETITION FOR MODIFICATION OF A CUSTODY ORDER

1.	Petitioner is ,  □ Plaintiff □ Defendant Address is confidential				
	☐ No				
	Yes (If yes, you must check one)				
	Address Confidentiality Program ACP code:				
	Final PFA Order Case Number:				
2.	Respondent is ,				
	☐ Plaintiff ☐ Defendant residing at				
3.	The child(ren) and the primary custodian $\square$ (have) $\square$ (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?				
4.	Petitioner respectfully represents that on				
	an Order of Court was entered for legal and physical custody, a true and correct copy of				
	which is attached				

5.	The Petitioner resides with the following adult persons:				
	Name	Date of Birth			
6.	The Respondent resides with the following adult persons:				
	Name	Date of Birth			
7.	The Order should be modified as follows: (what do you want changed)				

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

8.

9.	Petitioner has attached the Pa. R.C.P. No. 1915.3-2	Criminal Record	I/Abuse History Verification form required by				
	WHEREFORE, Petition it will be in the best interest	-	the Court modify the existing Order because				
	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.						
	Fa.C.S. Sec. 4904 relating	y to unsworn iai	sincation to authorities.				
	Date		Petitioner				
		CERTIFICATE OF	COMPLIANCE				
	I certify that this filing comp	lies with the provis	ions of the Public Access Policy of the Unified				
	•		e Appellate and Trial Courts that require filing an non-confidential information and documents.				
		Submitted by:					
		Signature:					
		Name:					
		Attorney No. (if applicable):					