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

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

PETITION FOR SPECIAL RELIEF
PURSUANT TO PA. R.C.P. 1915.13 AND LEH. R.C.P. 1915.13

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.　　Respondent is _____ ,

☐ Plaintiff ☐ Defendant residing at

_____

4. The parties are the parents of the following child(ren):

Child's Initials	Year of Birth	Age

5. The child(ren) reside primarily with _____

6. The Petitioner currently resides with the following adult persons:

Name	Date of Birth

7. The Respondent currently resides with the following adult persons:

Name	Date of Birth

8. The Respondent currently resides with the following adult persons:

Name	Date of Birth

9. I am asking the court to: _____

10. My request requires special relief because:

11. The best interest and welfare of the child(ren) will be served by granting the relief requested because: (set forth **facts** showing that the granting of the relief requested will be in the best interest and welfare of the child(ren):

WHEREFORE, Petitioner requests the Court to grant the special relief requested above.

_____
(Petitioner)

I verify that the statements made in this complaint 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)

<u>CERTIFICATE OF COMPLIANCE</u>

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):