

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

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

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

**Child's Initials**

**Year of Birth**

**Age**

Child's Initials	Year of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. The child(ren) reside primarily with \_\_\_\_\_

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

Name	Date of Birth
_____	_____
_____	_____

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

Name	Date of Birth
_____	_____
_____	_____

7. I am asking the court to: \_\_\_\_\_  
\_\_\_\_\_

8. My request requires special relief because:

9. 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)

**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): \_\_\_\_\_