

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

) **NO.**  
)  
**Plaintiff(s)** )  
**vs** )  
) **CUSTODY**  
) **ASSIGNED TO:**  
) **The Honorable**  
**Defendant(s)** )

**STATEMENT OF FACTS**

**Complete this form and bring the original and a copy for each party to the Pre-Trial Conference ("PTC") or, if no PTC is held, to Trial.  
Attach additional sheets if necessary.**

Your Name: \_\_\_\_\_ ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Name/s and Date/s of Birth of the Child/ren who is/are the subject of this Custody action:

	DOB:	
	DOB:	
	DOB:	

**The household members of your residence besides you and the subject child/ren are  
(all adults must testify at Trial):**

**Adults:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Employed? ☐ Yes ☐ No If yes, employer? \_\_\_\_\_

Work hours: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Employed? ☐ Yes ☐ No If yes, employer? \_\_\_\_\_

Work hours: \_\_\_\_\_

**Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

EXHIBIT #1 for Mother/Father/Other \_\_\_\_\_

**Employment:**

Your occupation: \_\_\_\_\_

Employer or, if self-employed, your business: \_\_\_\_\_

Address: \_\_\_\_\_

Length of employment: \_\_\_\_\_

How much vacation time do you receive at work? \_\_\_\_\_

**Miscellaneous:**

Do you have a car? ☐ Yes ☐ No

Do you have a driver's license? ☐ Yes ☐ No

Are you currently a subject of Court Supervision and/or Services? ☐ Yes ☐ No

☐ Parole

☐ Probation

☐ Children & Youth

For how long were you and the other parent together after the birth of the child/ren?

When did you and the other parent separate?

What is your current custodial arrangement?

For how long have you been following that custodial arrangement?

Were there any other custodial arrangements since you and the other parent separated?

**The relief you seek is:**

Legal Custody: ☐ Sole ☐ Shared

Physical Custody: ☐ Primary ☐ Shared

**Factor 1**

What do you do to ensure the safety of the child/ren?

Does the other party ensure the safety of the child/ren?

☐ Yes ☐ No If not, please explain:

**Factors 2, 2.1 and 2.2**

Has the other party or member of their household committed any abuse in the past or present?

☐ Yes ☐ No If yes, please explain:

Has the child/ren been the subject of an indicated or founded report of child abuse?

☐ Yes ☐ No If yes, please explain:

Has a party or household member been identified as the perpetrator in an indicated or founded report of child abuse?

☐ Yes ☐ No If yes, please explain:

Has there been any past abuse, violent or assaultive behavior committed by the other party against you and/or the child/ren?

☐ Yes ☐ No If yes, please explain:

Are there any past or current protection from abuse or sexual violence protection orders where there have been findings of abuse?

☐ Yes ☐ No If yes, please provide case numbers:

**Factor 2.3**

Since the separation of you and the other parent, have there been times that the other party has denied you time with the child/ren?

☐ Yes ☐ No If yes, when and what has been the response of the other parent to your requests?

Have there been times that you have denied the other parent time with the child/ren?

☐ Yes ☐ No If yes, please explain:

How do you feel about the child/ren spending time with the other parent?

Has a party been convicted of a crime?

☐ Yes ☐ No If yes, please list crime(s) and date(s):

Does the other party pose a threat of harm to the child/ren? ☐ Yes ☐ No

Has a party been charged with a crime?

☐ Yes ☐ No If yes, please list crime(s) and date(s):

Does the other party pose a risk of physical, emotional, or psychological harm to the child/ren?

☐ Yes ☐ No If yes, please explain:

### **Factor 3**

Child/ren's Residence History:

List all addresses where the child/ren has/have lived, the dates and with whom: (in reverse order)

_____	_____	to	_____	_____
_____	_____	to	_____	_____
_____	_____	to	_____	_____
_____	_____	to	_____	_____

Since the separation of you and the other parent, with whom has/have the child/ren resided?

Prior to the separation of you and the other parent, (or since the entry of the last Custody Court Order if this is a Custody Modification case) what were your daily responsibilities for the child/ren?

Prior to the separation of you and the other parent, (or since the entry of the last Custody Court Order if this is a Custody Modification case) what was the daily routine in the home regarding the care and interactions with the child/ren (by Mother and Father)?

**Factor 4**

Your address: \_\_\_\_\_

School District: \_\_\_\_\_

Your residence is a:

☐ House ☐ Apartment ☐ Room ☐ Other (describe) \_\_\_\_\_

Rooms:

☐ Kitchen ☐ Living Room ☐ Dining Room Number of bedrooms \_\_\_\_\_

Number of bathrooms \_\_\_\_\_ ☐ Basement ☐ Family Room ☐ Other \_\_\_\_\_

How long have you resided at your current address? \_\_\_\_\_

What is your monthly mortgage/rent payment? \_\_\_\_\_

**Occupants of bedrooms:**

Bedroom #1. \_\_\_\_\_

Bedroom #2. \_\_\_\_\_

Bedroom #3. \_\_\_\_\_

Bedroom #4. \_\_\_\_\_

Where do the child/ren attend school?

How long have they attended that school? \_\_\_\_\_

Have there been any problems during the custody exchanges?

☐ Yes ☐ No If yes, please explain:

How do/does the child/ren react to transitioning into your custody?

How do/does the child/ren react to transitioning back to the other parent?

**Factor 5**

Do you have family who live in the area near your residence?

☐ Yes ☐ No If yes, please list their names, your relationship to them and whether they are available to assist you with the care of the child/ren:

Name:	Relationship:	Available:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Factor 6**

Do you have a child/ren who are siblings or half-siblings of the child/ren of this case

☐ Yes ☐ No If yes, what are their names and ages?

With whom and where do they live?

Describe their relationship with the child/ren:

**Factor 7** (*Intentionally omitted.*)

**Factor 8**

How does the other parent treat you or speak to you in the presence of the child/ren?

Have you seen and/or heard the other parent try to turn the child/ren against you?

☐ Yes ☐ No If yes, describe what you saw and/or heard:

Have you imposed any reasonable safety measures to protect the safety of the child/ren?

☐ Yes ☐ No If yes, please explain:

**Factors 9 and 10**

Which parent makes and takes the child/ren to doctor appointments? (Please include information regarding scheduling and attending the appointments.)

Which parent arranges for play dates with friends of the child/ren?

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How would you describe your relationship with the child/ren?

What kinds of things do you do with the child/ren?

Examples of physical things:

Examples of emotional things

Examples of developmental things

Examples of educational things

Do/Does your child/ren have any special needs?

What do you do to tend to those special needs?

**Factor 11**

How far is your residence from the other party's residence? \_\_\_\_\_

**Factor 12**

List your usual work hours:

Sun:              Mon:              Tue:              Wed:              Thu:              Fri:              Sat:

\_\_\_\_\_  
Further explanation of work hours:

How often do you need child care? Who will provide it and when?

**Factor 13**

Would you describe the level of conflict between you and the other party as high, medium, or low?

\_\_\_\_\_  
Would you describe the willingness and ability of you and the other party to cooperate as high, medium, or low?

\_\_\_\_\_  
How would you describe the ability of you and the other party to communicate and coparent with each other?

**Factor 14**

Is there any history of drug or alcohol abuse by you or the other party?

Mother \_\_\_\_\_

Father \_\_\_\_\_

If yes:

Did the other party permit you to be alone with the child/ren or did you permit the other party to be alone with the child/ren?

\_\_\_\_\_  
Did the other party permit you to drive with the child/ren in your car or did you permit the other party to drive with the child/ren?

**Factor 15**

Do you have any mental, emotional, or physical conditions that affect your ability to care for the child/ren? \_\_\_\_\_

Do you have any concerns about the mental, emotional, or physical condition of the other party or any adult member of that party's household that affect their ability to safely care for the child/ren?

\_\_\_\_\_  
If yes, list those people and describe your concerns:



**Factor 16**

Is there any other reason you think you should receive the relief you seek that you did not mention above?

**If this is not a relocation case, sign here:**

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Date

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Signature

**If this is a relocation case, proceed to the next two (2) pages.**

**If this is a relocation case, please set forth your evidence as to the following factors (use separate sheets if necessary):**

**Factor 1**

What is the nature, quality, extent of involvement and duration of the child/ren's relationship with the party proposing to relocate and with the nonrelocating party, siblings and other significant persons in the child/ren's life?

**Factor 2**

What are the age, developmental stage and needs of the child/ren and the likely impact the relocation will have on the child/ren's physical, educational and emotional development, taking into consideration any special needs of the child/ren?

**Factor 3**

For the party proposing the relocation, explain the feasibility of preserving the relationship between the nonrelocating party and the child/ren through suitable custody arrangements, considering the logistics and financial circumstances of the parties.

For the party opposing the relocation, explain your position on whether you can preserve your relationship with the child/ren if the relocation is permitted.

**Factor 4** (*Intentionally omitted.*)

**Factor 5**

Explain if you feel that the other parent has an established pattern of conduct to promote or thwart the relationship of the child/ren and you.

**Factor 6**

Explain how you feel the relocation will or will not enhance the general quality of life for the party seeking the relocation, including, but not limited to, financial or emotional benefit or educational opportunity.

**Factor 7**

Explain how you feel the relocation will or will not enhance the general quality of life for the child/ren, including, but not limited to, financial or emotional benefit or educational opportunity.

**Factor 8**

Explain your reasons and motivation for seeking or opposing the relocation.

**Factor 9**

Has there been present and/or past abuse committed by a party or member of the party's household?

If so, do you feel there is a continued risk of harm to the child/ren? If so, please explain:

What can you do to better provide adequate physical safeguards and supervision of the child/ren?

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Date:

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Signature: