

COURT OF COMMON PLEAS
COUNTY OF INDIANA, PENNSYLVANIA

PLAINTIFF
VS

DEFENDANT

:
:
:
: NO. _____
:
:
:

PETITION FOR ENTRY OF AGREEMENT

1. Petitioner is _____ who resides at _____.

2. Respondent is _____ who resides at _____.

3. The parties are the Legal Guardians of:

_____ Age: _____ DOB: _____

_____ Age: _____ DOB: _____

_____ Age: _____ DOB: _____

_____ Age: _____ DOB: _____

4. On _____ 20____, the parties entered into an agreement regarding which is attached hereto and incorporate herein as Exhibit "A".

5. The best interests of the child(ren) will be served by the Court's entering said agreement as set forth as Exhibit "A" as an Order of Court.

WHEREFORE, petitioner requests this Court to approve the foregoing agreement and make it an Order of Court.

Respectfully Submitted,

Signature of Petitioner

Printed Name of Petitioner

Each Party must submit a Criminal Record/Abuse History Indiana County Form with this Petition for Entry of Agreement. Form can be printed from www.indianacountypa.gov; Departments; A-C; Courts; Forms & Documents; Forms; Criminal Record Abuse History Indiana County.

COURT OF COMMON PLEAS
COUNTY OF INDIANA, PENNSYLVANIA

PLAINTIFF
VS

DEFENDANT

:
:
:
: NO. _____
:
:
:

ORDER

AND NOW, this _____ day of _____, 20____, upon
Presentation of the foregoing Agreement, said agreement is approved and made
the Order of Court.

By the Court,

J. _____

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

*Public Access Policy of the Unified Judicial System of Pennsylvania:
Case Records of the Appellate and Trial Courts
204 Pa. Code § 213.81
www.pacourts.us/public-records*

(Party name as displayed in case caption)

Docket/Case No.

Vs.

COURT OF COMMON PLEAS OF
INDIANA COUNTY

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____.

Pursuant to the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of ____ and the full name of</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): XXXXXXXXXXXXXXXXXXXX</p> <p>Financial Account Number (FAN): XXXXXXXXXXXXXXXXXXXX</p> <p>Driver's License Number (DLN): XXXXXXXXXXXXXXXXXXXX</p> <p>State of Issuance: XXXXXXXXXXXXXXXXXXXX</p> <p>State Identification Number (SID): XXXXXXXXXXXXXXXXXXXX</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of ____ and the full name of</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): XXXXXXXXXXXXXXXXXXXX</p> <p>Financial Account Number (FAN): XXXXXXXXXXXXXXXXXXXX</p> <p>Driver's License Number (DLN): XXXXXXXXXXXXXXXXXXXX</p> <p>State of Issuance: XXXXXXXXXXXXXXXXXXXX</p> <p>State Identification Number (SID): XXXXXXXXXXXXXXXXXXXX</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): XXXXXXXXXXXXXXXXXXXX</p> <p>Financial Account Number (FAN): XXXXXXXXXXXXXXXXXXXX</p> <p>Driver's License Number (DLN): XXXXXXXXXXXXXXXXXXXX</p> <p>State of Issuance: XXXXXXXXXXXXXXXXXXXX</p> <p>State Identification Number (SID): XXXXXXXXXXXXXXXXXXXX</p>	<p>Alternative Reference: SSN <u>XX</u></p> <p>Alternative Reference: FAN <u>XX</u></p> <p>Alternative Reference: DLN <u>XX</u></p> <p>Alternative Reference: SID <u>XX</u></p>
<p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): XXXXXXXXXXXXXXXXXXXX</p> <p>Financial Account Number (FAN): XXXXXXXXXXXXXXXXXXXX</p> <p>Driver's License Number (DLN): XXXXXXXXXXXXXXXXXXXX</p> <p>State of Issuance: XXXXXXXXXXXXXXXXXXXX</p> <p>State Identification Number (SID): XXXXXXXXXXXXXXXXXXXX</p>	<p>Alternative Reference: SSN <u>XX</u></p> <p>Alternative Reference: FAN <u>XX</u></p> <p>Alternative Reference: DLN <u>XX</u></p> <p>Alternative Reference: SID <u>XX</u></p>

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

Additional page(s) attached. _____ total pages are attached to this filing.

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.

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.

CUSTODY AGREEMENT

("Exhibit A" if accompanying Petition For Entry of Agreement)

By and between:

AND

And now, this _____ day of _____, _____
(date) (month) (year)

we as legal guardians agree as follows:

1) Legal Guardians & Child(ren):

_____ AND _____

agree to shared legal custody of our minor child(ren) as listed below:

Name	Current Age	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

We agree to share physical custody of our minor child(ren) as set forth below:

2) Primary Custody:

Routinely, _____ shall have primary physical custody of the minor child(ren) as detailed below:

And at other times as the legal guardians may mutually agree.

3) Partial Custody:

_____ shall then have partial physical custody of the minor child(ren) as detailed below:

And at other times as the legal guardians may mutually agree.

4) Holidays:

Custody on holidays shall be shared as the legal guardians mutually agree. However, if they cannot agree, the custody for holidays shall be as detailed below:

Holiday	Custody (mother or father)	Start Time	Ending Time
a) New Years	_____	_____	_____
b) Easter	_____	_____	_____
c) Independence Day	_____	_____	_____
d) Thanksgiving	_____	_____	_____
e) Christmas	_____	_____	_____
f) Child Birthday	_____	_____	_____
g) _____	_____	_____	_____
h) _____	_____	_____	_____

It is understood and agreed that holiday custody shall supercede normal weekend custody arrangements.

5) Father's Day & Mother's Day:

If any of the legal guardians are recognized as the father or mother of the child(ren) then regardless of any other arrangements the Father shall always have the minor child(ren) on Father's Day from _____ o'clock a.m. to _____ o'clock p.m. and the Mother shall always have the minor child(ren) on Mother's Day from _____ o'clock a.m. to _____ o'clock p.m.

6) Transportation:

It is understood and agreed that transportation of the minor child(ren) for periods of custody will be the responsibility of _____.

OR transportation will be shared as follows:

7) Summers:

During the summer each legal guardian shall be entitled to _____ (#) weeks of non-consecutive periods of exclusive custody, the specific weeks to be determined by mutual agreement.

8) Telephone Communication:

Each legal guardian(s) shall have the right of reasonable unhampered telephone communications with the minor child(ren) and each parent shall provide the other legal guardian(s) a telephone number for that purpose and promptly inform the other legal guardian(s) of any changes.

9) Health, Education, and Welfare:

Each legal guardian(s) shall keep the other fully and frequently informed as to the health, education, and welfare of the child(ren) and shall at all times be cooperative in all matters relating to the care, upbringing, and custody of the child(ren).

10) Injury & Illness:

In the event of any injury or serious illness of the child(ren) at any time, the legal guardian(s) then having custody of the child(ren) shall immediately communicate with the other by telephone or any other reasonable means, informing the other legal guardian(s) of the injury or illness. During any illness or hospitalization each legal guardian shall have the right to visit the child(ren) as often as she or he desires consistent with the proper medical care. The word "illness" as used herein shall mean any event which confines the child(ren) to bed under the direction of a licensed physician for a period in excess of forty-eight (48) hours.

11) Derogatory Comments:

Each legal guardian and their relatives or acquaintances shall refrain from making derogatory comments regarding the other legal guardian(s) in the presence of the minor child(ren) and shall in no way attempt to alienate he minor child(ren) from the other legal guardian(s).

12) Relocation:

No legal guardian shall relocate from Western Pennsylvania without the written consent of the other legal guardian(s) or by Order of Court.

13) Additional Concerns:

These additional concerns are included and agreed upon:

If you have no witnesses available you can instead have this agreement notarized.
The office of the Prothonotary & Clerk of Courts is able to notarize this agreement.
(If you are notarizing this agreement do not sign until directed to do so by the notary)

A) Signature of Legal Guardian A: _____ Date: ___/___/___

Signature of Witness: _____ Printed Name of Witness: _____

B) Signature of Legal Guardian B: _____ Date: ___/___/___

Signature of Witness: _____ Printed Name of Witness: _____

(if applicable, additional guardians sign below)

C) Signature of Legal Guardian C: _____ Date: ___/___/___

Signature of Witness: _____ Printed Name of Witness: _____

D) Signature of Legal Guardian D: _____ Date: ___/___/___

Signature of Witness: _____ Printed Name of Witness: _____

(if no witnesses, notarize below)