



# APPLICATION FOR ACCESS TO CRIMINAL CHARGE INFORMATION FOR INDIVIDUALS INVOLVED IN CHILD CUSTODY CASES

For Office Use

**PLEASE READ INSTRUCTION SHEET PRIOR TO COMPLETING AND FILING APPLICATION. IF YOU ARE MAILING THE APPLICATION, IT MUST BE NOTARIZED. Any change to the information provided on this application should be reported to the Prothonotary where the application is filed.**

**1. PARTY APPLYING FOR ACCESS - NAME** \_\_\_\_\_

A. SOCIAL SECURITY NUMBER  - -	B. PIN  	C. HOME TELEPHONE NUMBER <i>(Include Area Code)</i>  	D. DATE OF BIRTH <table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>MO</th><th>DA</th><th>YR</th></tr><tr><td> </td><td> </td><td> </td></tr></table>	MO	DA	YR			
MO	DA	YR							

**2. CUSTODY CASE IDENTIFICATION**

FILING DATE <table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>MO</th><th>DA</th><th>YR</th></tr><tr><td> </td><td> </td><td> </td></tr></table>	MO	DA	YR				E. DOCKET NUMBER  
MO	DA	YR					

**3. ADDRESS OF PARTY APPLYING**


**4. OTHER PARTY IDENTIFICATION - NAME** \_\_\_\_\_

F. SOCIAL SECURITY NUMBER  - -	G. DATE OF BIRTH <table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>MO</th><th>DA</th><th>YR</th></tr><tr><td> </td><td> </td><td> </td></tr></table>	MO	DA	YR				H. DRIVER LICENSE NUMBER  	I. STATE  
MO	DA	YR							

**5. BIRTH DATES OF CHILDREN IN THIS CUSTODY CASE (Place youngest child's Date of Birth in first box)**

<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>J. MO</th><th>DA</th><th>YR</th></tr><tr><td> </td><td> </td><td> </td></tr></table>	J. MO	DA	YR				<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>MO</th><th>DA</th><th>YR</th></tr><tr><td> </td><td> </td><td> </td></tr></table>	MO	DA	YR				<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>MO</th><th>DA</th><th>YR</th></tr><tr><td> </td><td> </td><td> </td></tr></table>	MO	DA	YR				<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>MO</th><th>DA</th><th>YR</th></tr><tr><td> </td><td> </td><td> </td></tr></table>	MO	DA	YR			
J. MO	DA	YR																									
MO	DA	YR																									
MO	DA	YR																									
MO	DA	YR																									
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>MO</th><th>DA</th><th>YR</th></tr><tr><td> </td><td> </td><td> </td></tr></table>	MO	DA	YR				<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>MO</th><th>DA</th><th>YR</th></tr><tr><td> </td><td> </td><td> </td></tr></table>	MO	DA	YR				<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>MO</th><th>DA</th><th>YR</th></tr><tr><td> </td><td> </td><td> </td></tr></table>	MO	DA	YR				<table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>MO</th><th>DA</th><th>YR</th></tr><tr><td> </td><td> </td><td> </td></tr></table>	MO	DA	YR			
MO	DA	YR																									
MO	DA	YR																									
MO	DA	YR																									
MO	DA	YR																									

6. <input type="checkbox"/> CHECK BOX IF YOU USE A TTY/TDD.	FOR OFFICE USE <input type="checkbox"/> Applicant given TTY/TDD User Number
---	--

**7. VERIFICATION/CONFIDENTIALITY STATEMENT:**

I, \_\_\_\_\_ am a party or counsel to a party in the custody proceeding or  
(Print Your Name Clearly)  
 order listed above and am filing for access to criminal charge information.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C. S. § 4904 (a) relating to unsworn falsification to authorities.

I further understand that disclosure of social security numbers is voluntary, and that this information is being requested solely for the purpose of accessing information through the Jen and Dave Line, pursuant to 42 Pa. C.S. § 1904.

\_\_\_\_\_  
 Applicant/Counsel Signature                      Supreme Court ID No. (If Applicable)                      Date Signed

**APPLICATION CONTINUED ON BACK**

8. I understand that I will be billed for calls to the 900-number. The rate is 50 cents per minute with a three-minute, \$1.50, minimum charge. Jen & Dave Line is a service provided by the Administrative Office of Pennsylvania Courts located at P.O. Box 229, Mechanicsburg, PA 17055-0229. 717/795-2000. (If the applicant is less than 18 years of age and a parent or guardian will be billed for the call, the parent or guardian who will be responsible for payment of the telephone charges must sign.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THE COMPLETED APPLICATION MUST BE RETURNED TO THE PROTHONOTARY'S OFFICE IN THE COUNTY IN WHICH THE CUSTODY CASE IS FILED. YOU MAY FILE THE APPLICATION IN ONE OF THE FOLLOWING WAYS:**

- Appear at the Prothonotary's Office in person. You will need photo identification.
- Mail a notarized application to the Prothonotary.
- Present an application to the Prothonotary at the same time the original custody complaint, initial response or any other pleading or motion is filed.  
(Do not attach the application to the complaint or petition.)

The Jen & Dave Line only provides information on certain criminal charges that have been filed after you have been registered in the system. You can obtain a complete criminal history on an individual by filing State Police Form SP4-164, which is available from any Pennsylvania State Police Barracks.

**FOR OFFICE USE ONLY**

Photo ID Checked _____	Notarized Application _____
Application Filed with Complaint or Petition _____	
Date Registered _____	By Whom: _____ Confirmation No. _____

**CHANGE PIN**

Applicant's Initials _____	Date Request Received _____
Photo ID Checked _____	New Pin _____
Date Registered _____	By Whom: _____