

# COMPLAINT TO ESTABLISH PATERNITY AND FOR GENETIC TESTING (Beaver County)

*Please note that the law librarian, staff of the Beaver County Law Library, staff of the Juvenile Services Division, staff of the Court Administrator's Office and the Judge's Law Clerk are either not qualified nor permitted to assist persons in the preparation or filing of child custody documents or to provide legal advice or assistance of any kind on child custody or any other legal matters.*

*LITIGANTS ARE STRONGLY ENCOURAGED TO CONSULT WITH AN ATTORNEY. If you need an attorney, you may contact Beaver County Bar Association's Lawyer Referral Service at 724-728-4888 at a reduced rate for the initial consultation.*

## SUMMARY OF STEPS

### Before you go to Court:

1. Complete the forms in **ink**, not pencil. Incomplete forms will be refused.
2. Photocopy all of the forms (*except the Affidavit of Service and Acceptance of Service*).
3. Notice to incarcerated party- If the other party is presently **incarcerated**, ask library staff for this form and include it with the Petition.
4. Your forms **must** be in **numerical order** when you go to court.
5. If you are representing yourself, you need to complete an Entry of Appearance as a Self-Represented Party form.

### In Court:

6. Take **completed** forms to Motions Court, Courtroom #4, Second Floor of the Courthouse, **no later than 8:45 a.m. any Tuesday or Thursday** and check in with the tip staff. Late motions will not be heard.
7. A law clerk will review your paperwork for proper completion.
8. The Judge will review the petition, hear testimony, and issue an Order assigning a hearing date. You will then receive a clocked copy of the Order and the original will be returned to you to file in the Prothonotary's office.

### After you leave the Courtroom:

9. **File** the papers in the Prothonotary's Office (1<sup>st</sup> floor). There will be a filing fee.
10. **Serve** the other party with the Complaint and Order signed by the Judge. Service is made pursuant to Pa.R.C.P. No. 402, which is attached.
11. **File** either an Affidavit of Service or Acceptance of Service Form with the Prothonotary after service has been done. **MAKE AND KEEP A COPY FOR YOURSELF.**
12. Bring a copy of the Affidavit of Service or Acceptance of Service that you filed in the Prothonotary's office to **ALL** later hearings, conferences and/or trials.

## **IMPORTANT INFORMATION**

**If there is a PFA**, you may send the legal paperwork but do NOT include any other letters, notes, etc. If it is a true emergency, you may have a family member or friend call or hand deliver copies of the notice. Only in extreme emergencies will the Judge accept oral notice.

### **Notice of Language Rights**



Language Access Coordinator  
Beaver County Courthouse, 810 Third Street, Beaver, PA, 15009  
724-770-4770  
[languageaccess@beavercountypa.gov](mailto:languageaccess@beavercountypa.gov)

**English:** You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information contained in this notice.

**Spanish/Español:** Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informárselo al personal judicial utilizando la información provista en la parte superior de este aviso.

**ASL interpreters are also available upon request.**



# Protecting Confidential Information - Here's How

Effective January 6, 2018

A certification shall accompany each filing in accordance with the policy. A court or custodian is not required to review or redact any filed document for compliance with this policy. Failure to comply may lead to imposed sanctions.

## Confidential Information

Unless required by applicable authority, two versions of every document must be filed with the court - a "Redacted Version" (not including the items listed below) and an "Unredacted Version." Redactions must be made in a manner that is visibly evident to the reader.

1. **Social Security Numbers**
2. **Financial Account Numbers** except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified
3. **Driver License Numbers**
4. **State Identification (SID) Numbers**
5. **Minors' Names and Dates of Birth** except when a minor is charged as defendant in a criminal matter (see 42 Pa.C.S. §6355)
6. **Abuse Victim's Address and other Contact Information** including employer's name, address, and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim's name

## Confidential Documents

Unless required by applicable authority, the following documents shall be filed with a court or custodian with the "Confidential Document Form."

1. **Financial Source Documents**
2. **Minors' Educational Records**
3. **Medical/Psychological Records**
4. **Children and Youth Services' Records**
5. **Marital Property Inventory and Pre-Trial Statement** as provided in Pa.R.C.P. No. 1920.33
6. **Income and Expense Statement** as provided in Pa.R.C.P. No. 1910.27(c)
7. **Agreements between the Parties** as used in 23 Pa.C.S. §3105

These requirements do not apply to case types (e.g. juvenile, adoption) that are sealed or exempted from public access pursuant to applicable authority.

For forms and more information, reference the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts at the website below.



Please visit: <http://www.pacourts.us/public-record-policies>

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
P E N N S Y L V A N I A

CIVIL DIVISION

	:		
Plaintiff,	:	No. _____	
	:	Civil Action – Law	
	:		
vs.	:	Type of Pleading:	
	:	<b>Complaint to Establish Paternity and</b>	
	:	<b>for Genetic Testing</b>	
	:		
	:		
	:	Filed on behalf of:	
Defendant.	:		

\_\_\_\_\_  
(Your Name)

Filing Party's Information:(Your Name)

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

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

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY, PENNSYLVANIA  
CIVIL ACTION-LAW

Plaintiff,	:	
	:	
vs.	:	No. _____
	:	
	:	
Defendant.	:	

**COMPLAINT TO ESTABLISH PATERNITY AND FOR GENETIC TESTING**

Plaintiff, \_\_\_\_\_, requests genetic testing pursuant to 23

**Pa.C.S. §4343 and in support of that request states:**

1. Plaintiff is an adult individual who resides at \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

2. Defendant is an adult individual who resides at \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

3. Defendant is the natural mother and Plaintiff believes that he may be the natural father of the following child(ren):

Child's Name:	Child's Date of Birth:
_____	_____
_____	_____
_____	_____

4. The above-named children reside at the following address with the following individuals:

Address:	Person(s) Living with Child:	Relationship to Child:
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Defendant was/was not (circle one) married at the time the child(ren) was/were born.

6. Defendant is/is not (circle one) now married. If married, name of Defendant's spouse:

\_\_\_\_\_ .

7. There is/is not (circle one) a custody, support or other action involving the paternity of the above-named child(ren) now pending in any jurisdiction. Identify any such actions by caption and docket number below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. There has/has not (circle one) been a determination by any court as to the paternity of the child (ren) in any prior support, custody, divorce or any other action. If so, identify the action by caption and docket number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Plaintiff agrees to pay all costs associated with genetic testing directly to the testing facility in accordance with the procedures established by that facility.

Wherefore, Plaintiff requests that the Court order the Defendant to submit to genetic testing, and to make the child (ren) available for genetic testing.

Respectfully submitted:

\_\_\_\_\_  
Plaintiff/Attorney for Plaintiff

**I AM OVER THE AGE OF 18. Yes / No (CIRCLE ONE)**

**VERIFICATION**

I, \_\_\_\_\_, verify that the statements made in this Petition Complaint to Establish Paternity and for Genetic Testing 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. Cons. Stat. Ann § 4904, relating to unsworn falsification to authorities which provides that if I knowingly make false averments, I may be subject to criminal penalties.

\_\_\_\_\_  
Plaintiff

Date: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
PENNSYLVANIA

\_\_\_\_\_,  
Plaintiff,  
vs. \_\_\_\_\_ No. \_\_\_\_\_  
\_\_\_\_\_,  
Defendant.

AFFIDAVIT OF SERVICE

I, \_\_\_\_\_ (print name of person making service), hereby  
certify that on \_\_\_\_\_ (date service made), I personally served  
\_\_\_\_\_ (name of person served) with a true and correct copy of the  
Complaint to Establish Paternity and for Genetic Testing and the Notice of Hearing Order in the  
above case, by (check one below):

- handing to the defendant.
- handing to an adult member of the family with whom defendant resides (print  
name and/or relationship of the adult served):  
\_\_\_\_\_.
- mailing to the defendant through both regular mail and certified mail  
restricted delivery.

I verify that the statements made in this Affidavit are true and correct. I understand that false  
statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn  
falsification to authorities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Service

NOTE: Service may be made on the defendant by any person 18 years of age or older, **WHO IS NOT A  
PARTY TO THIS ACTION**, nor an employee or relative of a party to this action. Service is complete by  
handing a copy of the complaint to the defendant, or to an adult member of the family with whom the  
defendant resides, or the adult person in charge of defendant's residence, or to the clerk or manager of the  
hotel, inn, apartment house, boarding house or other place of lodging where defendant reside, or at any  
office or usual place of business of the defendant, to the defendant's agent or to the person for the time  
being in charge of the business.

For service see Rule 1930.4. Service of Original Process in Domestic Relations Matters.



IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY  
PENNSYLVANIA

\_\_\_\_\_,  
Plaintiff,  
vs. \_\_\_\_\_ No. \_\_\_\_\_  
\_\_\_\_\_,  
Defendant.

ACCEPTANCE OF SERVICE

I accept service of the \_\_\_\_\_ (*name of document*). I certify that I am authorized to accept service on behalf of defendant.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEFENDANT OR AUTHORIZED AGENT

\_\_\_\_\_  
MAILING ADDRESS

*Note: If Defendant accepts service personally, the second sentence should be deleted.*

IN THE COURT OF COMMON PLEAS OF BEAVER COUNTY,  
PENNSYLVANIA  
CIVIL – LAW

\_\_\_\_\_,  
Plaintiff,  
vs. No. \_\_\_\_\_  
\_\_\_\_\_,  
Defendant.

**NOTICE OF HEARING & ORDER**

**YOU HAVE BEEN SUED IN COURT.** If you wish to defend against the claims set forth in the following papers, you must appear at the hearing scheduled below. If you fail to do so, the case may proceed against you and a final order may be entered against you granting the relief requested by the plaintiff.

Plaintiff and Defendant are directed to appear on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) in Courtroom \_\_\_\_\_ for a HEARING on Plaintiff’s request for genetic testing. If you fail to appear as ordered, the court may enter an order in your absence requiring you and your child (ren) to submit to genetic tests.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.**

*Lawyer Referral Service  
788 Turnpike Street  
Beaver, PA 15009  
(724) 728-4888  
<http://bcba-pa.org/lawyer-referral-service/>*

AMERICANS WITH DISABILITIES ACT OF 1990

*The Court of Common Pleas of Beaver County is required by law to comply with the Americans with Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the Court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the Court. You must attend the scheduled conference or hearing.*

BY THE COURT:

Date: \_\_\_\_\_ J.

**CERTIFICATE OF COMPLIANCE**

**RE: ACCESS TO COURT CASE RECORDS**

**CASE NO.**\_\_\_\_\_

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

Rev. 02/22/18

PLAINTIFF

IN THE COURT OF COMMON PLEAS  
BEAVER COUNTY, PENNSYLVANIA

vs.

NO. \_\_\_\_\_

DEFENDANT

**ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY**

1. I am the  Plaintiff  Defendant in the above-captioned (MARK ONE)  custody,  divorce,  support,  protection from abuse,  paternity case.

2.  This (CIRCLE ONE) is/is not a new case and I am representing myself in this case and have decided not to hire an attorney to represent me.

**OR (check only one box)**

This is **NOT** a new case and \_\_\_\_\_ previously  
(Name of Attorney)  
represented me in this case. I have decided not to be represented by that attorney and direct the Prothonotary to remove that attorney as my counsel of record in this case.

I have provided a copy of this form to that attorney listed above at the following address:

\_\_\_\_\_

**OR (check only one box)**

I am entering my appearance as a self-represented party (sign) \_\_\_\_\_

I am withdrawing my appearance as attorney in this case (attorney signature) \_\_\_\_\_

3. My address for the purpose of receiving all future pleadings and other legal notices is: \_\_\_\_\_

\_\_\_\_\_. I understand that this address will be the only address to which notices and pleadings in this case will be sent, and that I am responsible to regularly check my mail at this address to ensure that I do not miss important deadlines or proceedings.

This is my home address.  This is not my home address.

4. My telephone number where I can be reached during normal business hours (8:30 a.m. – 4:30 p.m. Monday – Friday) is \_\_\_\_\_ My email address is \_\_\_\_\_

My telephone number is confidential pursuant to a Protection From Abuse Order.

5. **I UNDERSTAND I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.**

6. I have provided a copy of this form to all other attorneys or other self-represented parties at the following addresses as listed below: (Use reverse side if you need more space)

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

7. I fully understand that by deciding to represent myself, the Court will hold me to the same standards of knowledge regarding the statutory law, evidence law, Local and State Rules of Procedure and applicable case law as a Pennsylvania licensed attorney, and that I must be fully prepared to meet those responsibilities.

**I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Your Signature)