

**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](http://www.pacourts.us/public-records)*

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Docket/Case No.

Vs.

\_\_\_\_\_  
(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.

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

**CONFIDENTIAL  
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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.**

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CASE RECORDS**

Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</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): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
<p>_____</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): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>



**Instructions for Completing the Confidential Information Form**

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

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. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
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. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.C.P. No. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.C.P. No. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof. A court may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**CONFIDENTIAL  
DOCUMENT FORM**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

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Type of Confidential Document	Paragraph, page, etc. where the confidential document is referenced in the filing:
<input type="checkbox"/> Financial Source Documents	
<input type="checkbox"/> Tax Returns and schedules	
<input type="checkbox"/> W-2 forms and schedules including 1099 forms or similar documents	
<input type="checkbox"/> Wage stubs, earning statements, or other similar documents	
<input type="checkbox"/> Credit card statements	
<input type="checkbox"/> Financial institution statements (e.g., investment/bank statements)	
<input type="checkbox"/> Check registers	
<input type="checkbox"/> Checks or equivalent	
<input type="checkbox"/> Loan application documents	
<input type="checkbox"/> Minors' educational records	
<input type="checkbox"/> Medical/Psychological records	
<input type="checkbox"/> Children and Youth Services' records	
<input type="checkbox"/> Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.C.P. No. 1920.33	
<input type="checkbox"/> Income and Expense Statement as provided in Pa.R.C.P. No. 1910.27(e)	
<input type="checkbox"/> Agreements between the parties as used in 23 Pa.C.S. §3105	

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: \_\_\_\_\_



**Instructions for Completing the Confidential Document Form**

The following documents are confidential and shall be filed with a court or custodian with the "Confidential Document Form":

1. Financial Source Documents as listed on the form
2. Minors' educational records
3. Medical/Psychological records are defined as "records relating to the past, present, or future physical or mental health or condition of an individual"
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

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<input type="checkbox"/> Check registers	
<input type="checkbox"/> Checks or equivalent	
<input type="checkbox"/> Loan application documents	
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\_\_\_\_\_  
Signature of Attorney or Unrepresented Party

\_\_\_\_\_  
Date

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

Attorney Number: (if applicable) \_\_\_\_\_

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

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

Email: \_\_\_\_\_



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- Complete the entire form and check all that apply.
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**REQUEST FOR CORRECTION  
OF CLERICAL ERRORS**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

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**Requestor Information:**

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

Attorney No. (if applicable): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Fax Number: \_\_\_\_\_

I am:  A party to the case.

An attorney for a party to the case.

**Case caption of the case record:**

**Docket number of the case record:**

\_\_\_\_\_

\_\_\_\_\_

**Set forth in specificity the information that is alleged to be a clerical error, as defined in the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*. Attach additional sheets if necessary.**

**Set forth in specificity sufficient facts, including supporting documentation, that corroborates your allegation. Attach additional sheets if necessary.**

I, \_\_\_\_\_, verify that the facts set forth in this form are true and correct to the best of my knowledge, information and belief. This statement is subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: A request to correct a clerical error in a case record of the Supreme Court, Superior Court or Commonwealth Court shall be submitted to the prothonotary of the proper appellate court. A request to correct a clerical error in a case record of a court of common pleas or Philadelphia Municipal Court shall be submitted to the applicable custodian. You shall provide a copy of this completed form to all parties to the case.**

**REQUEST FOR CORRECTION  
OF CLERICAL ERRORS**



**APPELLATE/TRIAL COURT  
CASE RECORDS**

**For Custodian Use Only**

Please be advised that your request was received on \_\_\_/\_\_\_/\_\_\_ . In accordance with the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*, please be advised that:

- the request does not contain sufficient information and facts to determine what information is alleged to be in error, and no further action will be taken on the request.
- the request does not concern a case record that is covered by this policy, and no further action will be taken on the request.
- a clerical error does exist in the case record and the information in question has been corrected.
- a clerical error does not exist in the case record.
- the request has been received and an additional period not exceeding 30 business days is necessary to complete a review of the request.

Comments:

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

*If an additional period of time not exceeding 30 business days was necessary to complete the review of the request, please be advised that:*

- this request is being returned to you because it does not contain sufficient information to evaluate your request. No further action will be taken unless you resubmit the request with additional information.
- this request is being returned to you because it does not concern a case record. No further action will be taken on this matter.
- it was determined a clerical error existed in the case record, and the information has been corrected.
- it was determined a clerical error does not exist in the case record.

Comments:

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

**For Use by Requestor**

Unless applicable authority requires otherwise, please follow the following procedure. This procedure cannot be used to correct alleged inaccuracies in orders and judgments. If you wish to seek review of the decision set forth above, please complete this section and submit this entire form to the custodian within 10 business days of the mailing date of the response. The custodian will submit the form to the judge(s) who presided over the case for review.

I, \_\_\_\_\_, request that a review of the decision set forth above be made.

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

REQUEST FOR ACCESS FORM



APPELLATE/TRIAL 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

DATE OF REQUEST: \_\_\_\_\_

REQUESTOR INFORMATION:

NAME: \_\_\_\_\_ DAYTIME TELEPHONE NUMBER: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_

REQUESTING CASE RECORD FROM:

Form with checkboxes for Supreme Court, Superior Court, Commonwealth Court, Court of Common Pleas, and Philadelphia Municipal Court (excluding Traffic Division).

DESCRIBE INFORMATION REQUESTED: (See instructions on following page)

Four horizontal lines for describing the information requested.

Table with 3 columns: Official Use Only, CHARGE, and Comments. Rows include Date Received and Tracking Number (if applicable) fields.



**INSTRUCTIONS FOR OBTAINING A CASE RECORD OF THE APPELLATE OR TRIAL COURT**

1. A requestor shall identify or describe the record sought with specificity to enable the custodian to ascertain which record is being requested.
2. The completed form shall be submitted to the appropriate custodian. Incomplete forms may result in delayed access to the requested record.
3. The requestor may be charged reasonable fees for access to court records. Fees for duplication by photocopying or printing from electronic media or microfilm shall not exceed \$0.25 per page, unless otherwise provided by applicable authority.
4. Requests will be completed as promptly as possible under the circumstances existing at the time of the request. If the custodian cannot fulfill the request promptly or at all, the custodian shall inform the requestor of the specific reason(s) why access to the information is being delayed or denied.
5. If a request is denied by the custodian, relief may be sought by filing a motion or application with the court for which the custodian maintains the records.

**For Court Use Only**

Your request was received on \_\_\_/\_\_\_/\_\_\_ . In accordance with the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*, please be advised that:

- this request is being returned to you because it does not contain sufficient information to evaluate your request. No further action will be taken unless you resubmit the request with additional information.
- the information/record does not exist.
- the information/record is not a case record as defined by the Policy.
- you have failed to properly complete the Request Form.
- Other \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**