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. **SERVE** the other party a copy of all of the forms along with the Notice of Intention to Present at **least three business days before** you present the Petition to the Judge. **If the other party has an attorney, you must serve the attorney.**
    a. The date you write on this form is the day you plan to present the documents to the Court. It must be at least 3 business days away and must be a Tuesday or a Thursday.
    b. Directions on how to serve the other party can be found on page 9. (These rules are to be strictly followed.).
4. Notice to incarcerated party- If the other party is presently **incarcerated**, ask library staff for this form and include it with the Petition.
5. Your forms **must** be in **numerical order** when you go to court.
6. If you are representing yourself, you need to complete an Entry of Appearance as a Self-Represented Party form.

In Court:

7. 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.
8. A law clerk will review your paperwork for proper completion.
9. 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.

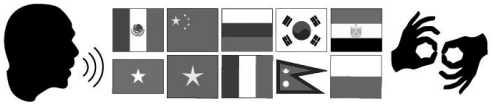
After you leave the Courtroom:

10. **File** the papers in the Prothonotary's Office (1st floor). There will be a filing fee.
11. **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.
12. **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.**
13. 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
724-770-4700
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

_____	:	No. _____
Plaintiff,	:	Civil Action – Law
	:	
	:	Type of Pleading:
vs.	:	**Complaint to Establish Paternity and**
	:	**for Genetic Testing**
	:	
	:	
_____	:	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

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

NOTICE OF INTENTION TO PRESENT

TO:_____

_____

_____
(name & address of the other party)

Please take notice that I intend to present the attached Complaint to Establish Paternity seeking a hearing date on *(date)*_____ at 8:45a.m., Courtroom No. 4, Beaver County Courthouse, Beaver, PA. If both parties attend when the Complaint is presented, an earlier hearing date will be assigned.

Date_____ _____
Petitioner

CERTIFICATION OF SERVICE

I hereby certify that I have caused to be served a true and correct copy of the attached on the above named defendant at least 3 business days prior to the date of presenting the Motion by way of (check all that apply):

_____ regular mail
_____ certified mail
_____ hand delivery

_____
Petitioner

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

_____ IN THE COURT OF COMMON PLEAS
PLAINTIFF 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)