

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

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

**CRIMINAL RECORD / ABUSE HISTORY VERIFICATION**

I \_\_\_\_\_, hereby swear or affirm, subject to penalties of law including 18 Pa. C.S. §4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. §6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

Check all that Apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea, No Contest Plea or Pending Charges	Sentence
1 <input type="checkbox"/>	Criminal Homicide (18 Pa. C.S. Ch. 25)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2 <input type="checkbox"/>	Aggravated Assault (18 Pa.C.S. §2702);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3 <input type="checkbox"/>	Terroristic Threats (18 Pa.C.S. §2706);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4 <input type="checkbox"/>	Stalking (18 Pa.C.S. §2709.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5 <input type="checkbox"/>	Kidnapping (18 Pa.C.S. §2901);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6 <input type="checkbox"/>	Unlawful Restraint (18 Pa.C.S. §2902);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7 <input type="checkbox"/>	False Imprisonment (18 Pa.C.S. §2903);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8 <input type="checkbox"/>	Luring a Child into a Motor Vehicle or Structure (18 Pa.C.S. §2910);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9 <input type="checkbox"/>	Rape (18 Pa.C.S. §3121);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check all that Apply		Crime	Self	Other Household Member	Date of Conviction, Guilty Plea, No Contest Plea or Pending Charges	Sentence
10	<input type="checkbox"/>	Statutory Sexual Assault (18 Pa.C.S. §3122.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11	<input type="checkbox"/>	Involuntary Deviate Sexual Intercourse (18 Pa.C.S. §3123);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12	<input type="checkbox"/>	Sexual Assault (18 Pa.C.S. §3124.1);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13	<input type="checkbox"/>	Aggravated Indecent Assault (18 Pa.C.S. §3125);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14	<input type="checkbox"/>	Indecent Assault (18 Pa.C.S. §3126);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
15	<input type="checkbox"/>	Indecent Exposure (18 Pa.C.S. §3127);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
16	<input type="checkbox"/>	Sexual Intercourse with Animal (18 Pa.C.S. §3129);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
17	<input type="checkbox"/>	Conduct Relating to Sex Offenders (18 Pa.C.S. §3130);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
18	<input type="checkbox"/>	Arson and Related Offenses (18 Pa.C.S. §3301);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
19	<input type="checkbox"/>	Incest (18 Pa.C.S. §4302);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
20	<input type="checkbox"/>	Concealing Death of Child (18 Pa.C.S. §4303);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
21	<input type="checkbox"/>	Endangering Welfare of Children (18 Pa.C.S. §4304);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
22	<input type="checkbox"/>	Dealing in Infant Children (18 Pa.C.S. §4305);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
23	<input type="checkbox"/>	Prostitution and Related Offenses (18 Pa.C.S. §5902(b));	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
24	<input type="checkbox"/>	Obscene and Other Sexual Materials and Performances (18 Pa.C.S. §5903(c) or (d));	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
25	<input type="checkbox"/>	Corruption of Minors (18 Pa.C.S. §6301);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
26	<input type="checkbox"/>	Sexual Abuse of Children (18 Pa.C.S. §6312);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
27	<input type="checkbox"/>	Unlawful Contact with Minor (18 Pa.C.S. §6318);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
28	<input type="checkbox"/>	Sexual Exploitation of Children (18 Pa.C.S. §6320);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
29	<input type="checkbox"/>	Contempt for Violation of Protection Order or Agreement (23 Pa.C.S. §6114);	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	Check all that Apply	Crime	Self	Other Household Member	Date of Conviction, Guilty Plea, No Contest Plea or Pending Charges	Sentence
30	<input type="checkbox"/>	Driving Under the Influence of Drugs or Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
31	<input type="checkbox"/>	Manufacture, Sale, Delivery, Holding, Offering for Sale, or Possession of any Controlled Substance or Other Drug or Device	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

2. Unless indicated by my checking the box next to an item below, neither I nor any other member of my household have a history of violent or abusive conduct, or involvement with Children & Youth agency, including the following:

	Check all that Apply		Self	Other Household Member	Date
32	<input type="checkbox"/>	An indication or finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
33	<input type="checkbox"/>	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	_____
34	<input type="checkbox"/>	Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where?: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
35	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse:

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4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child.

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5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain:

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I verify that the information above is true and correct to the best of my knowledge, information or belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

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Signature

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Printed Name