

## INSTRUCTIONS FOR FILING EXCEPTIONS TO RECOMMENDATION OF HEARING OFFICER IN EQUITABLE DISTRIBUTION

1. Request a transcript of your hearing by completing the attached EQUITABLE DISTRIBUTION HEARING TRANSCRIPT ORDER FORM.
2. Once your order is placed, Montgomery County Equitable Distribution will issue a confirmation letter that will be sent to the email address you provided on your order form. This confirmation letter **must** be attached to your Exceptions when filed with the court.
3. The audio files from your Equitable Distribution hearing will be provided to the transcriptionist. You will be provided with the transcriptionist's contact information and required to contact them directly to provide a monetary deposit. The transcriptionist will not begin transcribing your order until the deposit is received.
4. Please note transcriptionists are not affiliated with the Montgomery County Court of Common Pleas. Transcriptionists cannot answer any case specific questions nor provide aid with filing Exceptions to any Montgomery County Equitable Distribution recommendation. If you have any questions regarding your Montgomery County case or the Exception filing process, you need to contact the Equitable Distribution office at 610-278-3516.

**NOTE:** If you are filing cross exceptions you must indicate that in your filing and attach a copy of the opposing party's exceptions.

5. Complete the Exceptions packet:

- Family Court Cover Sheet
- Notice to Defend
- Exceptions to Recommendation of Hearing Officer (ED)

3. The following **MUST** also be attached to your filing:

- Equitable Distribution Order
- ED Transcript Request Confirmation Letter

4. E-file or take your completed packet with attachments and filing fee in the form of cash, money order or cashier's check to:

**Prothonotary  
Courthouse, 1<sup>st</sup> Floor**

The current fees can be found at [www.montcopa.org/DocumentCenter/View/19417](http://www.montcopa.org/DocumentCenter/View/19417) under "ED/Exceptions".

5. You must serve a complete copy of your filing with attachments upon the other party's attorney or on the other party if they are self-represented.

You can serve the copies by regular mail, certified mail or hand delivery.

6. After the copies of your filing has been mailed or hand delivered, the Certificate of Service must be completed with:

Date of mailing/hand delivery  
Name and address it was mailed or delivered to  
Manner of service  
Your signature & date

7. The completed Certificate of Service must be e-filed, mailed or hand delivered to the Prothonotary address on the form:

**Prothonotary  
P.O. Box 311  
Norristown, PA 19404**

8. Once you have completed all the steps above and the transcripts have been received by the court, your assigned Judge will issue a briefing schedule and argument date, which you will receive by mail.

**PLEASE MAKE CERTAIN THAT THE PROTHONOTARY HAS YOUR CORRECT ADDRESS AT ALL TIMES TO ENSURE YOU RECEIVE NOTIFICATIONS.**

**FAMILY COURT COVER SHEET**

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NO: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Plaintiff ID: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Plaintiff Phone Number & Email Address

VS.

\_\_\_\_\_  
Plaintiff Phone Number & Email Address (REQUIRED)

\_\_\_\_\_  
Attorney for Defendant ID: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Defendant Phone Number & Email Address

\_\_\_\_\_  
Defendant Phone Number & Email Address (REQUIRED)

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**AVERMENT OF CONSOLIDATION**

On the space below, please provide the docket number of all other companion cases associated with this case (including any closed files involving the same party-litigants) that related to:

- |  |                         |
|--|-------------------------|
| 1. Divorce Annulment _____                                       | 2. Support _____        |
| 3. Equitable Distribution _____                                  | 4. Paternity _____      |
| 5. Custody/Visitation _____                                      | 6. Special Relief _____ |
| 7. Outstanding/Temporary/Final Protection from Abuse Order _____ |                         |
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I certify that the information provided above is comprehensive and complete to the best of my knowledge and that I have formally entered my appearance for the case captioned above:

BY: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA

**FAMILY DIVISION**

\_\_\_\_\_ NO: \_\_\_\_\_

vs.

\_\_\_\_\_

**NOTICE TO DEFEND**

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the filer. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. 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 REFERENCE SERVICE  
MONTGOMERY BAR ASSOCIATION  
100 WEST AIRY STREET (REAR)  
NORRISTOWN, PA 19401

(610)279-9660, EXTENSION 201

**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA**  
**FAMILY DIVISION**

\_\_\_\_\_ No: \_\_\_\_\_

vs.

\_\_\_\_\_

**EXCEPTIONS TO RECOMMENDATION OF THE HEARING OFFICER IN EQUITABLE DISTRIBUTION**

Date of Recommended Order: \_\_\_\_\_

Attorney for Plaintiff or Pro Se Party

Attorney for Defendant or Pro Se Party

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Phone No.

**Transcript Confirmation is attached.**

Name of Party filing Exceptions: \_\_\_\_\_

Circle one :            Plaintiff            Defendant

**NOTICE:**

**THIS FILING WILL NOT BE ACCEPTED IF PROOF OF THE TRANSCRIPT REQUEST AND COPY OF YOUR EQUITABLE DISTRIBUTION ORDER IS NOT ATTACHED.**

**YOU MUST FILE AN AFFIDAVIT OF SERVICE WITH THE COURT VERIFYING THAT THIS DOCUMENT WAS SERVED ON ALL PARTIES. THE FILING PARTY MUST SERVE A FULL COPY OF THIS DOCUMENT UPON THE OPPOSING PARTY AND ATTORNEYS, IF ANY.**

The Hearing Officer erred in the recommendation order, findings of fact, and conclusions of law as follows:

(Failure to cite a valid reason as to findings of fact or conclusion of law, or to attend the hearing may result in a dismissal of the exceptions.)

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I verify that the statements made in this Exceptions to Recommendation of the Hearing Officer in Equitable Distribution are true and correct to the best of my knowledge and belief. I understand that false statements made herein are subject to the penalties of 18 PA. C.S., Subsection 4904, relating to unsworn falsification to authorities.

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

6/2021

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
FAMILY DIVISION

\_\_\_\_\_ No: \_\_\_\_\_

vs.

\_\_\_\_\_

CERTIFICATE OF SERVICE OF  
EXCEPTIONS TO RECOMMENDATION OF THE HEARING OFFICER IN EQUITABLE DISTRIBUTION

I certify that on \_\_\_\_\_, 20\_\_\_\_, a true and complete copy of the foregoing **Exceptions to Recommendation of the Hearing Officer in Equitable Distribution** has been served upon:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

Manner of Service: Reg First Class Mail  Certified Mail  Other  \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

PLEASE E-FILE, OR BRING/MAIL THIS COMPLETED FORM TO:

PROTHONOTARY  
P.O. BOX 311  
NORRISTOWN, PA 19404

**EQUITABLE DISTRIBUTION  
THIRTY-EIGHTH JUDICIAL DISTRICT**  
Montgomery County Courthouse  
P.O. Box 311, Norristown, PA 19404  
OFFICE: 610-278-3516/ FAX: 610-945-1923



**HEARING OFFICERS:**  
GORDON MAIR, ESQ.,  
BRUCE GOLDENBERG, ESQ.  
LYNN SNYDER, ESQ.,  
**ED ASSISTANT: ERIN SOPKO**

**EQUITABLE DISTRIBUTION HEARING TRANSCRIPT ORDER FORM**  
**(All information must be completed in order to process)**

**REQUESTOR'S STATUS: (circle one)**

Plaintiff

Plaintiff's Attorney

Defendant

Defendant's Attorney

**REQUESTOR'S INFORMATION:**

\_\_\_\_\_  
(First name)

\_\_\_\_\_  
(Last name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
Include Apt. #s

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Email Address) @ \_\_\_\_\_

**PHONE NUMBERS:**

\_\_\_\_\_  
(Home)

\_\_\_\_\_  
(Cell)

\_\_\_\_\_  
(Business)

**CASE INFORMATION:**

PROTHONOTARY DOCKET NUMBER: \_\_\_\_\_

PLAINTIFF NAME: \_\_\_\_\_

DEFENDANT NAME: \_\_\_\_\_

**EQUITABLE DISTRIBUTION HEARING INFORMATION:**

HEARING OFFICER NAME: \_\_\_\_\_

HEARING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM

**PLEASE NOTE:** Transcriptionists are not affiliated with the Montgomery County Court of Common Pleas. Transcriptionists cannot answer any case specific questions nor provide aid with filing Exceptions to Equitable Distribution Hearing Officer's Recommendation. If you have any questions please contact the Equitable Distribution office at 610-278-3516.

**Your completed request can be mailed or faxed to the address/number at the top of this page or you may email it to [esopko@montcopa.org](mailto:esopko@montcopa.org). You will receive a confirmation email with further instructions.**