
Plaintiff

vs.

Defendant

: IN THE COURT OF COMMON PLEAS
: MONTGOMERY COUNTY, PENNSYLVANIA
:

: NO. _____

:
:
: CIVIL ACTION - CUSTODY

AFFIDAVIT PURSUANT TO 23 Pa.C.S.A. §5328 and §5329

CRIMINAL RECORD/ ABUSE HISTORY VERIFICATION

I _____, hereby swear or affirm that, 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:

Please state whether or not you and/or **another adult living in your household** have been convicted of, pled guilty or no contest to the following crimes in Pennsylvania or any other jurisdiction, as follows:

NO	YES	Crime	Self	Other Household Member	Date Of Conviction & Plea	Sentence
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. Ch. 25 Criminal homicide; Murder;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2702 Aggravated Assault;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2706 Terroristic Threats	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2709.1 Stalking;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2901 Kidnapping;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2902 Unlawful restraint;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2903 False imprisonment;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §2910 Luring child into motor vehicle or structure;	<input type="checkbox"/>	<input type="checkbox"/> Name:		

NO	YES	Crime	Self	Other Household Member	Date Of Conviction & Plea	Sentence
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3122.1 Statutory sexual assault	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3123 Involuntary deviate sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3124.1 Sexual assault	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3125 Aggravated indecent assault	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3126 Indecent assault	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3127 Indecent Exposure	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3129 Sexual intercourse with animal	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3130 Conduct relating to sex offenders	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §3301 Arson and related offenses;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4302 Incest	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4303 Concealing death of a child;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4304 Endangering the welfare of children;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §4305 Dealing in infant children;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §5902(b) Prostitution and related offenses;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §5903(c)(d) Obscene and other sexual materials and performances;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6301 Corruption of minors	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6318 Unlawful contact with minor	<input type="checkbox"/>	<input type="checkbox"/> Name:		

NO	YES	Crime	Self	Other Household Member	Date Of Conviction & Plea	Sentence
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6320 Sexual exploitation of children	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	18 Pa.C.S. §6114 Contempt for violation of a Protection from Abuse order or agreement;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Driving under the Influence of alcohol or a controlled substance or drugs;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Possession, sale, delivery, manufacturing or offering for sale any controlled substance or other drug or device;	<input type="checkbox"/>	<input type="checkbox"/> Name:		

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 including the following:

NO	YES		Self	Adult in my Household	Date Of Finding	If YES, Where?
<input type="checkbox"/>	<input type="checkbox"/>	A 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"/> Name: _____	_____	
<input type="checkbox"/>	<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"/> Name: _____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	Involvement with a Children & Youth Agency or similar agency in Pennsylvania in or another jurisdiction.	<input type="checkbox"/>	<input type="checkbox"/> Name: _____	_____	

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

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:

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 _____

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

Signature

Printed name

CRIMINAL CHARGE INFORMATION FOR INDIVIDUALS INVOLVED IN CHILD CUSTODY CASES CAN BE FOUND BY ACCESSING THE JEN & DAVE PROGRAM AT WWW.JENDAVEPROGRAM.US