

**IN THE COURT OF COMMON PLEAS OF LAWRENCE COUNTY, PENNSYLVANIA**

_____	:	Docket No. _____ of _____, C.A.
	:	
_____	:	
	:	
Plaintiff(s),	:	
	:	
vs.	:	
	:	
_____	:	
	:	
_____	:	
	:	
Defendant(s).	:	

**CRIMINAL RECORD/ABUSE HISTORY VERIFICATION FORM**

**1. Participants.** Please list ALL members of your/the participant's household and attach sheets if necessary:

Name	Date of Birth	Address	Relationship to Child(ren)

\_\_\_\_\_ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

Please list ALL members in the opposing party's household and attach sheets if necessary:

<b>Name</b>	<b>Date of Birth</b>	<b>Address</b>	<b>Relationship to Child(ren)</b>

\_\_\_\_\_ Party requests their residence remain confidential as they are protected by the Protection from Abuse Act, 23 Pa.C.S. § 6112, or the Domestic and Sexual Violence Victim Address Confidentiality Act, 23 Pa.C.S. §§ 6701-6713, or the Child Custody Act, 23 Pa.C.S. § 5336(b), or they are in the process of seeking protection under the same.

**SUBJECT CHILD(REN)** – Attach additional sheets if necessary:

<b>NAME</b>	<b>Date of Birth</b>

**2. Criminal Offenses.** As to the following listed Pennsylvania crimes or offenses, or another jurisdiction's substantially equivalent crimes or offenses, check the box next to any applicable crime or offense in which you or a household member:

- has pleaded guilty or no contest;
- has been convicted;
- has charges pending; or
- has been adjudicated delinquent under the Juvenile Act, 42 Pa.C.S. §§ 6301-6375, and the record is publicly available as set forth in 42 Pa.C.S. § 6307

You should also check the box next to a listed criminal offense even if the offense has been resolved by Accelerated Rehabilitative Disposition (ARD) or another diversionary program, unless it has been expunged pursuant to 18 Pa.C.S. § 9122, or a court has entered an order for limited access, *e.g.*, Clean Slate, pursuant to 18 Pa.C.S. §§ 9122.1 or 9122.2.

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	18 Pa.C.S. Ch. 25 (relating to criminal homicide)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2701 (relating to simple assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2702 (relating to aggravated assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2705 (relating to recklessly endangering another person)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2706 (relating to terroristic threats)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2709.1 (relating to stalking)	<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
<input type="checkbox"/>	18 Pa.C.S. § 2718 (relating to strangulation)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2902 (relating to unlawful restraint)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2903 (relating to false imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2904 (relating to interference with custody of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 2910 (relating to luring a child into a motor vehicle or structure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. Ch. 30 (relating to human trafficking)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 31220.1 (relating to statutory sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3124.1 (relating to sexual assault)	<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
<input type="checkbox"/>	18 Pa.C.S. § 3125 (relating to aggravated indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3126 (relating to indecent assault)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3127 (relating to indecent exposure)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3129 (relating to sexual intercourse with animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3130 (relating to conduct relating to sex offenders)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 3301 (relating to arson and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4302 (relating to incest)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4303 (relating to concealing death of child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4304 (relating to endangering welfare of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5533 (relating to cruelty to animal)	<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
<input type="checkbox"/>	18 Pa.C.S. § 5534 (relating to aggravated cruelty to animal)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5543 (relating to animal fighting)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5544 (relating to possession of animal fighting paraphernalia)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5902(b) or (b.1) (relating to prostitution and related offenses)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 5903(c) or (d) (relating to obscene and other sexual materials and performances)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6301 (relating to corruption of minors)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6312 (relating to sexual abuse of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6318 (relating to unlawful contact with minor)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. § 6320 (relating to sexual exploitation of children)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Finding of contempt of a Protection from Abuse order or agreement under 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
<input type="checkbox"/>	Finding of contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement under 42 Pa.C.S. § 62A14	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<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"/>	_____	_____

**3. Abuse or Agency Involvement.** Check the box next to any statement that applies to you, a household member, or your child.

Check all that apply		Self	Household Member	Child
<input type="checkbox"/>	Involvement with a children and youth social service agency in Pennsylvania or a similar agency in another jurisdiction.  What jurisdiction?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	A determination or finding of abuse ( <i>i.e.</i> , indicated or founded report) by a children and youth social service agency or court in Pennsylvania or a similar agency or court in another jurisdiction.  What jurisdiction?: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Check  
all that  
apply**

**Self    Household    Child  
         Member**

- |                          |  |                          |                          |                          |
|--------------------------|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | An adjudication of dependency involving this child or any other child under Pennsylvania's Juvenile Act, or a similar law in another jurisdiction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--|--------------------------|--------------------------|--------------------------|

What jurisdiction?: \_\_\_\_\_

Is the case active?: \_\_\_\_\_

- |                          |  |                          |                          |                          |
|--------------------------|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | A history of perpetrating "abuse" as that term is defined in the Protection from Abuse Act, 23 Pa.C.S. § 6102. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--|--------------------------|--------------------------|--------------------------|

- |                          |   |                          |                          |                          |
|--------------------------|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | A history of perpetrating "sexual violence" or "intimidation" as those terms are defined in 42 Pa.C.S. § 62A03 (relating to protection of victims of sexual violence and intimidation). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|---|--------------------------|--------------------------|--------------------------|

- |                          |              |                          |                          |                          |
|--------------------------|--------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                          | _____        |                          |                          |                          |

**4.** If you checked a box in (2) or (3), list any evaluation, counseling, or other treatment received as a result:

---

---

---

---

---

---

**5.** If you checked a box in (2) or (3) that applies to your household member, who is not a party, state that person's name, date of birth, and relationship to the child:

---

---

---

---

---

---



6. If you are aware that the other party or the other party's household member has a criminal record or abuse history, please explain:

---

---

---

---

---

**ONLY A PARTY CAN SIGN THIS FORM. IF A PARTY IS REPRESENTED BY AN ATTORNEY, THE ATTORNEY CANNOT SIGN THIS FORM ON BEHALF OF THE PARTY.**

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff/Defendant Signature

\_\_\_\_\_  
Printed Name

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that requires filing confidential information and documents differently than non-confidential information and documents.

\_\_\_\_\_  
Signature of Filer

\_\_\_\_\_  
Printed Name