

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

Petitioner

v.

Case Number: FD _____

Respondent

AFFIDAVIT OF CONFIDENTIAL ADDRESS

Please check any/all that apply:

- I hereby certify that I am a victim of domestic violence and the perpetrator is a party to the action referenced above.
- I hereby certify that I am a victim of sexual assault and the perpetrator is a party to the action referenced above.
- I hereby certify that I am a victim of stalking and the perpetrator is a party to the action referenced above.

Please check any/all that apply:

- The above referenced case is currently active due to a custody filing.
- The above referenced case is currently active due a divorce filing.
- The above referenced case is currently active due to a PFA filing.

Please check ONE of the below:

- This is the alternate address and designee who will accept service and where I can be served with notice for court proceedings, including by original process.

Name of designee _____

Alternate address _____

OR

- I hereby certify that I will apply to register my confidential address with the Office of the Victim Advocate (**800.563.6399**) within three days of the date of this affidavit. I understand that if I am not eligible for or am cancelled by this program, as defined by the Office of the Victim Advocate, that I will be required to release my address or provide an alternate address for service purposes to the Court. I understand that I unless I reapply, my certification in this program will end after three years.

Please provide a brief statement of facts explaining your need to keep your address confidential below.

Acknowledgement and Verification

I understand that it is my obligation to update the above information, should that become necessary.

I understand that if I have identified a designee for service, service on my designee constitutes legal service on me. I further understand that it is my obligation to obtain the consent and cooperation of my designee and that service will be deemed complete once my designee is served.

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.A. §4904 relating to unsworn falsification to authorities.

Date

Signature

This Affidavit expires three years from today's date.

CERTIFICATE OF COMPLIANCE

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)