

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

PETITIONER/PLAINTIFF

vs.

FD _____

RESPONDENT/DEFENDANT

ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY

1. I am the Petitioner/Plaintiff Respondent/Defendant in the above-captioned **(check all that apply)**
 custody, divorce, protection from abuse, paternity case.

2. Mark **ONE** of the following:

a) This is a new case and I am representing myself in this case and have decided not to hire an attorney to represent me.

b) This is **NOT** a new case and I am representing myself in this case and have decided not to hire an attorney to represent me

c) This is **NOT** a new case and _____ (Name of Attorney) previously represented me in this case. I have decided not to be represented by that attorney and direct the Department of Court Records to REMOVE that attorney as my counsel of record in this case. I have provided a copy of this form to that attorney listed above at the following address:

d) My attorney acknowledges his/her withdrawal as my attorney in this case.

Attorney Signature

Date

3. I am entering my appearance as a self-represented party _____
(sign)

4. My address for the purpose of receiving all future pleadings and other legal notices is:

I understand that this address will be the only address to which notices and pleadings in this case will be sent, and that I am responsible to regularly check my mail at this address to ensure that I do not miss important deadlines or proceedings.

[Type here]

5. My telephone number where I can be reached during normal business hours (8:00 a.m. – 4:30 p.m. Monday – Friday) is _____ . My email address _____

6. I UNDERSTAND I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.

7. I have provided a copy of this form to all other attorneys or other self-represented parties at the following addresses as listed below: (Use reverse side if you need more space)

Name _____ Address _____

Name _____ Address _____

8. I verify that the statements made in this Entry of Appearance as a Self-Represented Party are true and correct. I understand that if I make false statements herein, that I am subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities which could result in a fine and/or prison term.

Date

Signature (Your Signature)

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)

[Type here]