

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

<b>Petitioner</b>		<b>FD</b>
<b>vs</b>		
<b>Respondent</b>		

**Criminal Record/Abuse History Verification**

I, \_\_\_\_\_, hereby swear or affirm, subject to penalties of law including 18 Pa.C.S. §4904 relating to unsworn falsification to authorities that:

The following adults live in my household

	<b><u>Full Name</u></b>		<b><u>Date of Birth</u></b>
1.	_____	(Self)	_____
2.	_____		_____
3.	_____		_____
4.	_____		_____
5.	_____		_____

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 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:

<b><u>Check all that apply</u></b>	<b><u>Crime</u></b>	<b><u>Self</u></b>	<b><u>Other household member</u></b>	<b><u>Date of conviction, guilty plea, no contest plea, or pending charges</u></b>	<b><u>Sentence</u></b>
<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. §2702 (relating to aggravated assault)	<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"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §2901 (relating to kidnapping)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<u>Check all that apply</u>	<u>Crime</u>	<u>Self</u>	<u>Other household member</u>	<u>Date of conviction, guilty plea, no contest plea, or pending charges</u>	<u>Sentence</u>
<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. §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. §3121 (relating to rape)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §3122.1 (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"/>	_____	_____
<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 an 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 a child)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	18 Pa.C.S. §4304 (relating to endangering welfare of	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<input type="checkbox"/>	children) 18 Pa.C.S. §4305 (relating to dealing in infant children)	<input type="checkbox"/>	<input type="checkbox"/>		
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<u>Check all that apply</u>	<u>Crime</u>	<u>Self</u>	<u>Other household member</u>	<u>Date of conviction, guilty plea, no contest plea, or pending charges</u>	<u>Sentence</u>
<input type="checkbox"/>	18 Pa.C.S. §5902(b) (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"/>	18 Pa.C.S. §6114 (relating to contempt for violation of a protection order or agreement)	<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"/>		
<input type="checkbox"/>	18 Pa.C.S. §3124.2 (relating to institutional sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>		

2. Unless indicated by my checking the box next to an item below, neither I nor any member of my household have a history of violent or abusive conduct, **or involvement with a Children & Youth agency** including the following:

**Check all that apply**

**Self**                      **Other household member**                      **Date**

A finding of abuse by a Children & Youth Agency or similar Agency in Pennsylvania or similar statute in another jurisdiction \_\_\_\_\_

Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar statute in another jurisdiction \_\_\_\_\_

**Involvement with a Children & Youth Agency or similar agency in Pennsylvania or another jurisdiction** \_\_\_\_\_  
 Where? \_\_\_\_\_  
 Explain involvement below:  
 \_\_\_\_\_  
 \_\_\_\_\_

The caseworker \_\_\_\_\_ (name) whose phone is/was \_\_\_\_\_ number is \_\_\_\_\_

Other \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

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 the following:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 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 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.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
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)