## 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.					
2.	2. Mark <b>ONE</b> 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)	b) This is <b>NOT</b> a new case and I am representing myself in this case and have decided not to hire an attorney to represent me			
	c)	c) This is <b>NOT</b> 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.				
		Attornov Signatu		Data	
		Attorney Signatu	ire	Date	
3.	l am	entering my appearance as a self-represented pa	rty		
			(sign)		
4.	1. My address for the purpose of receiving all future pleadings and other legal notices is:				
Lunderstand that this address will be the only address to which notices and pleadings in this case will be sent					

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]

FORM I-16 Entry of Appearance as a Self-Represented Party

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. My email address is 7. I UNDERSTAND I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES. 8. 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 Address Name 9. 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. Signature (Your Signature) 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)