

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. 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	_____
Name	_____	Address	_____

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.

_____	_____
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)