

**Custody Supplement**

Case no: \_\_\_\_\_

**Petitioner's name:**

Street address \_\_\_\_\_  
City, state & zip \_\_\_\_\_  
Area code & phone # \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
**Attorney's name/address** \_\_\_\_\_

**Respondent's name:**

Street address \_\_\_\_\_  
City, state & zip \_\_\_\_\_  
Area code & phone # \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
**Attorney's name/address** \_\_\_\_\_

**Child's name:**

Child resides with: \_\_\_\_\_

**Child's name:** \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child resides with: \_\_\_\_\_

**Child's name:** \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child resides with: \_\_\_\_\_

**Child's name:** \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**During the past five years, the child(ren) has/have lived with the following persons:**

Name	Relationship to Child	Address	Dates

Petitioner  has  has not participated as a party or witness, or in another capacity, in other litigation concerning the custody of the child(ren) in this or another court. If yes, the court, term, number and the relationship to this action is:

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Petitioner  has  has no information of a custody proceeding concerning the child(ren) pending in a court of this commonwealth. If yes, the court, term, number and the relationship to this action is:

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Petitioner  knows  does not know of a person, not a party to the proceedings, who has physical custody of the child(ren) or claims to have custodial rights with respect to the child(ren). If yes, the name and address is:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Each parent whose parental rights to the child(ren) has/have not been terminated and the person who has physical custody of the child(ren) has been named as party to this action. All other persons, named below, who are known to have or claims a right to custody of the child(ren) have been given notice of the pendency of this action and the right to intervene:

Name	Address	Basis of Claim

I have attached the Criminal Record/Abuse History Verification form required pursuant to Pa.R.C.P.No. 1915.3-1.

I verify that the statements made in this supplement 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**

\_\_\_\_\_  
**Petitioner's Signature**