

INSTRUCTIONS

PETITION TO WAIVE ALL OR A PORTION OF PARENTING COORDINATOR COSTS

***IT IS STRONGLY RECOMMENDED THAT
YOU CONSULT AN ATTORNEY***

DISCLAIMER

THE SELF HELP CENTER STAFF AND COURT STAFF ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION IN THE PACKETS IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE. THE COURT ASSUMES NO RESPONSIBILITY AND ACCEPTS NO LIABILITY FOR ACTIONS TAKEN BY USERS OF THESE DOCUMENTS. YOU SHOULD OBTAIN THE SERVICES OF AN ATTORNEY. CONTACT MIDPENN LEGAL SERVICES AT (717) 232-0581 OR DAUPHIN COUNTY LAWYER REFERRAL AT (717) 232-7536.

INSTRUCTIONS FOR COMPLETING THE PETITION TO WAIVE ALL OR A PORTION OF PARENTING COORDINATOR COSTS FORM

Pursuant to Rule of Civil Procedure 1915.11-1 et seq. and Dauphin County Local Rule 1915.11-1, parties to a custody action may agree or the Court may order that a Parenting Coordinator be appointed.

A Parenting Coordinator is appointed to assist the parties in implementing the final custody order. Parenting Coordinators are permitted to charge up to \$300.00 an hour. If a party thinks they are unable to pay their portion of the fee, they may file a Petition to Waive Costs for All or a Portion of Parenting Coordinator Costs and Affidavit in the Prothonotary's Office which will be decided by a judge. The fee schedule for low income parties is found at Local Rule 1915.11-1.

The following are step-by-step instructions on how to fill out the Petition to Waive Costs for all or a Portion of Parenting Coordinator Costs and Affidavit.

ORDER

Complete the caption at the top left hand corner of the page and the docket number on the top right hand corner of the page after "NO.". Leave the rest of the order blank with the exception of the Distribution Line. On this line, write your name and complete mailing address.

PETITION TO WAIVE COSTS FOR ALL OR A PORTION OF PARENTING COORDINATOR COSTS

1. Print the full name of each party in your case on the upper left hand corner of the Petition. Write the docket number on the upper right hand corner of the Petition.
2. Check whether you are requesting the Court to waive all or a portion of the Parenting Coordinator costs.
3. Sign and date the Petition to Waive Costs for All or a Portion of Parenting Coordinator Costs.

AFFIDAVIT

Line 1 You are the Petitioner and stating that you cannot afford to pay the costs in this action.

Line 2 You are stating you are unable to borrow money to pay the costs in this action.

Line 3

- (a) List your name, address, email address and telephone number. **If you are a victim of abuse and the other party is the abuser and you do not want the other party to know your contact information, you must also complete the Confidential Information Form (CIF) Abuse Victim Addendum. This form is to be filed with the Prothonotary and should not be sent to the other party(ies). This contact information will only be available to the Court and Court staff. If you print out the packet from the Self Help Center page of the Dauphin County website, the Confidential Information Form and the Confidential Information Form Abuse Victim Addendum are not included. You must print out these forms in accordance with the instructions appearing on the webpage at**

http://www.dauphincounty.org/government/courts/self_help_center/index.php

- (b) If you are currently employed, print your employer's name, address and telephone number, your salary or wages, and the type of work you do. If you are not currently employed, fill in the date of your last employment (if none, check the box "none"), your wages at your last job and the type of work you did.

If you are a victim of abuse and the other party is the abuser and you do not want the other party to know your contact information at your job, you must also complete the Confidential Information Form (CIF) Abuse Victim Addendum. This form is to be filed and should not be sent to the other party(ies). This contact information will only be available to the Court and Court staff. If you print out the packet from the Self Help Center page of the Dauphin County website, the Confidential Information Form and the Confidential Information Form Abuse Victim Addendum are not included. You must print out these forms in accordance with the instructions appearing on the webpage at

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- (c) List any other income you received within the last twelve (12) months. If any of the categories apply to you, fill in your income from that source. If an entry does not apply, simply check the box "none".

- (d). List the amount of contributions to household expenses made by your spouse. **If you do not have a spouse or your spouse does not contribute to household expenses, simply check the box "none."**

List the amount of contribution to household expenses made by your parents. **If your parents do not contribute to household expenses, simply check the box "none."**

List the amount of contribution to household expenses made by your adult child(ren). **If your adult children do not contribute to household expenses, simply check the box "none."**

- (e). List any property you own and its value. **If you do not have any of the types of property listed, simply write "none."**
- (f). List any debts or obligations. **If you do not have any debts or obligations, simply check the box "none".**

Line 4 If you have a spouse who is dependent upon you for financial support, write their name. If you have children who are dependent on you for support, list the child's initials and age. **Do not** write their names or dates of birth.

List the other people in your household who depend on you for financial support and their relationship to you.

If you do not have a spouse or minor children dependent upon you for financial support, check the appropriate box.

Line 5 This statement means that you understand you must report any improvement in your financial situation to the Court.

Line 6 This statement means that you are providing accurate information and that you understand certain penalties can be imposed if you make false statements.

MAKE TWO (2) COPIES OF THE COMPLETED PETITION, AFFIDAVIT, AND THE CONFIDENTIAL INFORMATION FORM ABUSE VICTIM ADDENDUM IF APPLICABLE. YOU WILL MUST HAVE THREE (3) TOTAL COPIES (THE ORIGINAL AND TWO (2) COPIES).

Take the original and the two (2) copies to the Prothonotary's Office, 1st Floor, Dauphin County Courthouse, 101 Market Street, Harrisburg, PA.

The Prothonotary's staff will file the original and one (1) copy and give you one (1) copy for your records.

The Petition to Waive Costs for All or a Portion of Parenting Coordinator Costs and Affidavit will be reviewed by the Court.

A hearing may be scheduled concerning the Petition or the Affidavit.

FORM

PETITION TO WAIVE ALL OR A PORTION OF PARENTING COORDINATOR COSTS

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Plaintiff

v.

Defendant

: IN THE COURT OF COMMON PLEAS
: DAUPHIN COUNTY, PENNSYLVANIA
:
: NO. _____
:
:
:

ORDER

AND NOW, this _____ day of _____, 20____, upon consideration of the Petition to Waive All or a Portion of Parenting Coordinator Costs filed by _____ on _____, 20____, it is Ordered:

The Petition to Waive All or a Portion of Parenting Coordinator Costs is **GRANTED**.

The Petition to Waive All or a Portion of Parenting Coordinator Costs is **GRANTED** and the Petitioner shall pay _____% of the Parenting Coordinator costs.

A hearing on the Petition to Waive All or a Portion of Parenting Coordinator Costs is scheduled for _____ m. on _____, 20____ in Courtroom #_____.

- Dauphin County Courthouse, 101 Market Street, Harrisburg, PA
- Juvenile Justice Center, 7th Floor, 25 South Front Street, Harrisburg, PA

Petitioner shall bring any and all supporting documents, including but not limited to paystubs, bank statements and bills to the hearing.

BY THE COURT:

Judge

Distribution:

Plaintiff

v.

Defendant

: IN THE COURT OF COMMON PLEAS
: DAUPHIN COUNTY, PENNSYLVANIA

: NO. _____

:
:
:
:

PETITION TO WAIVE ALL OR A PORTION OF PARENTING COORDINATOR COSTS

TO THE HONORABLE COURT:

I hereby certify that I am without financial resources to pay my share of the costs for the Parenting Coordinator and respectfully request the Court to waive all or a portion of my share of the Parenting Coordinator costs. In support of my Petition, I attach an *Affidavit* which fully and truthfully describes my current income and financial condition.

WHEREFORE, I request the Court waive all or a portion of my share of the costs for a Parenting Coordinator in the above-captioned case. I verify that the statements made in this Petition are true and correct. I understand that false statements made are subject to the criminal penalties under 18 Pa.C.S. §4904 (crime of unsworn falsification to authorities).

Respectfully submitted,

Date

Signature

Print Name

AFFIDAVIT

READ BEFORE ANSWERING: YOU MUST ANSWER EVERY QUESTION. IF THERE IS NO AMOUNT TO BE ENTERED, YOU SHOULD CHECK THE BOX 'NONE'.

1. I hereby certify that I am without financial resources to pay the costs for a Parenting Coordinator and respectfully request the Court to waive all or a portion of the Parenting Coordinator costs.
2. I am unable to obtain funds from anyone, including my family and friends, to pay the fees and costs of litigation.

3. **I represent that the information below relating to my ability to pay fees and costs is true and correct:**

(a) Name: _____ Email: _____ or NONE
Address: _____ Telephone: _____

If you are an abuse victim and the other party is the abuser and you want your contact information confidential, write "See CIF Abuse Victim Addendum".

(b) **Employment:**

Are you currently employed: YES NO

If you answered 'NO', complete the following:

Date of your last day of employment: _____

Salary or wages: \$ _____ Type of work: _____

If you answered 'YES', complete the following:

Employer or Self Employed: _____

Employer Address: _____

Telephone: _____ Email: _____

If you are an abuse victim and the other party is the abuser and you want your contact information confidential, write "See CIF Abuse Victim Addendum".

Gross salary or wages (**before taxes**): _____ (Circle One) weekly/bi-weekly/monthly

Do not use the amount of your paycheck.

Type of work: _____

(c) **Other income** within the past twelve (12) months

Self-employment income: \$ _____ (Circle One) weekly/bi-weekly/monthly or NONE

Interest and Dividends: \$ _____ or NONE

Pensions and annuities: \$ _____ (Circle One) weekly/bi-weekly/monthly or NONE

Social Security benefits per month: \$ _____ or NONE

Spousal or Child Support payments **received** weekly: \$ _____ or NONE

Disability payments monthly: \$ _____ or NONE

Unemployment/Workers' Compensation weekly: \$ _____ or NONE

Public Assistance monthly: \$ _____ or NONE

Other: \$ _____ or NONE

(d) (1) **Contributions** to household expenses by husband/wife:

Name(s): _____ or NONE

Is your husband/wife employed? YES NO

Employer: _____

Gross salary or wages (**before taxes**): _____ (Circle One) weekly/bi-weekly/monthly

Do not use the amount of their paycheck.

Type of work: _____

Other contributions to household expenses: \$ _____

(2) **Contributions** to household expenses by parents:
\$ _____ or NONE

(3) **Contributions** to household expenses by adult children:
\$ _____ or NONE

(e) **I own the following:**

Cash: \$ _____ or NONE Checking account: \$ _____ or NONE
Savings account: \$ _____ or NONE Certificates of deposit: \$ _____ or NONE
Stocks and bonds: \$ _____ or NONE
Real estate (including home): Value \$ _____ Mortgage \$ _____ or NONE
Motor vehicle: Make/Year: _____ Cost: \$ _____
 Amount Owed: \$ _____ or NONE
Other: \$ _____ or NONE

(f) **I have the following debts and obligations:**

Mortgage: _____ (monthly) or NONE
Rent: _____ (monthly) or NONE
Car Loan: _____ (monthly) or NONE
Personal Loan: _____ (monthly) or NONE
Cable: _____ (monthly) or NONE
Cell Phone: _____ (monthly) or NONE
Insurance: _____ (monthly) or NONE
Utilities: _____ (monthly) or NONE
Credit Cards: _____ (monthly) or NONE
Spousal or Child Support payments **paid** weekly: \$ _____ or NONE
Other: _____
 or NONE

4. Persons who are dependent upon me for financial support:

Wife/Husband: Name _____
Child: Initials: _____ Age: _____
Child: Initials: _____ Age: _____
Child: Initials: _____ Age: _____
Child: Initials: _____ Age: _____
Child: Initials: _____ Age: _____
Child: Initials: _____ Age: _____
Other: Name _____ Relationship to Petitioner: _____

or I do not have a wife/husband dependent upon me for financial support.

or I do not have minor children dependent upon me for financial support.

5. **I understand that I have a continuing obligation to inform the Court of any improvement in my financial circumstances.**

READ BEFORE ANSWERING: YOU SHOULD NOW REVIEW EVERY LINE TO MAKE SURE THAT EVERY QUESTION IS ANSWERED. FAILURE TO COMPLETE THIS FORM CORRECTLY WILL DELAY THE PROCEEDINGS.

6. I verify that the statements made in this Petition and Affidavit are true and correct. I understand that false statements made are subject to the criminal penalties of 18 Pa.C.S. § 4904 (crime of unsworn falsification to authorities).

Date

Signature of Petitioner

Print Name of Petitioner

CERTIFICATION

I, _____, verify that this *Petition* complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Date

Signature of Petitioner

Print Name of Petitioner