

DEMAND FOR SUPPORT HEARING DE NOVO BEFORE THE COURT

INSTRUCTIONS

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

DISCLAIMER

THE SELF HELP CENTER STAFF AND THE STAFF IN ANY COURT OFFICE ARE NOT PERMITTED TO GIVE YOU LEGAL ADVICE. THE INFORMATION CONTAINED IN THE SELF-HELP CENTER 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, INCLUDING RELIANCE ON THEIR CONTENTS. IF YOU WANT TO OBTAIN THE SERVICES OF AN ATTORNEY BUT DO NOT KNOW WHOM TO CONTACT, YOU MAY CALL THE DAUPHIN COUNTY LAWYER REFERRAL SERVICE AT (717) 232-7536.

THIS FORM IS ONLY TO BE USED IF YOU ARE REQUESTING A HEARING BEFORE A JUDGE AS THE RESULT OF AN ORDER ENTERED FOLLOWING A DOMESTIC RELATIONS CONFERENCE.

DEMAND FOR HEARING DE NOVO BEFORE THE COURT

- Complete the name of the case as it appears on other filings and fill in the docket number and the PACSES number.
- 1. In paragraph 1, print your name, the date of the order from your Domestic Relations Conference and the amount of the Monthly Support Order.
- 2. In paragraph 2, state in detail your reasons for requesting a hearing before a judge.
- 3. Read the instructions and complete the Self-Represented Party Entry of Appearance and the Prior Court Involvement Statement.

Mail a copy of this form to all other attorneys or self-represented parties and note the name and address(es) accordingly. **If you completed and filed the Confidential Information Form (CIF) Abuse Victim Addendum, do not send that form to the other attorneys or self-represented parties. 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.**

- 4. Sign your name and write the date.
- 5. Complete the Verification and Certification.

File this form with the Domestic Relations Office which is located at 25 S. Front Street, 8th Floor, Harrisburg, PA 17101.

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FORMS

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

DEMAND FOR SUPPORT HEARING DE NOVO BEFORE THE COURT

1. I _____ am appealing the Order issued following my
Print Name
 Domestic Relations Conference in the above-captioned case and demand a Hearing De Novo before the Court regarding the following:

Date of order: _____ Monthly Amount of Support Order \$ _____

2. The reason(s) for my Demand for Hearing De Novo is/are as follows:

3. I have attached:

- (a) Prior Court Involvement Statement (form available at www.dauphincounty.org/government/Court-Departments/Self-Help-Center).
- (b) Self-Represented Party Entry of Appearance (form available at www.dauphincounty.org/government/Court-Departments/Self-Help-Center).

4. 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 _____

Signature of person requesting the Hearing or their attorney:

Print Name: _____ Date: _____

VERIFICATION

I, _____, verify that the statements made in this filing are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Date

Signature

CERTIFICATION

I, _____, certify that this filing 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

PLAINTIFF

vs.

IN THE COURT OF COMMON PLEAS
DAUPHIN COUNTY, PENNSYLVANIA

NO. _____

DEFENDANT

SELF-REPRESENTED PARTY ENTRY OF APPEARANCE

1. I am the Plaintiff Defendant in the above-captioned **(MARK ONE)** custody, divorce, support, protection from abuse, paternity case.
2. This **(MARK ONE)** is is not a new case and I am representing myself in this case and have decided not to hire an attorney to represent me.

OR (check only one box)

- 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 Prothonotary 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:

- _____
 I am entering my appearance as a self-represented party (sign) _____

My attorney acknowledges his/her withdrawal as my attorney in this case.

(Attorney signature) _____, Esq.

3. Check one box.

- I am a victim of abuse and the other party to this action was the abuser. My address is listed on the Confidential Information Form Abuse Victim Addendum filed along with this Self-Represented Party Entry of Appearance.
- I am not an abuse victim and 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.

4. Check one box.

- I am a victim of abuse and the other party to this action was the abuser. My telephone number and email address are listed on the Confidential Information Form Abuse Victim Addendum filed along with this Self-Represented Party Entry of Appearance.
- I am not the victim of abuse and 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 is _____

5. I UNDERSTAND I MUST FILE A NEW FORM AND CONFIDENTIAL INFORMATION FORM ABUSE VICTIM ADDENDUM (IF APPLICABLE) EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.

6. Check one box.

- 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

- I am a victim of abuse and the other party to this action was the abuser. I understand that I should only provide a copy of this form to all other attorneys or self-represented parties **BUT THAT I SHOULD NOT PROVIDE A COPY OF THE CONFIDENTIAL INFORMATION FORM ABUSE VICTIM ADDENDUM TO ANYONE EXCEPT TO THE COURT BY FILING THAT FORM WITH THE APPROPRIATE FILING OFFICE (PROTHONOTARY OR DOMESTIC RELATIONS).**

7. **I fully understand that by deciding to represent myself, the Court will hold me to the same standards of knowledge regarding the statutory law, evidence law, Local and State Rules of Procedure and applicable case law as a Pennsylvania licensed attorney, and that I must be fully prepared to meet those responsibilities.**

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)

CERTIFICATION

I, _____, certify that this filing 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 (Your Signature)

Plaintiff

v.

Defendant

IN THE COURT OF COMMON PLEAS
DAUPHIN COUNTY, PENNSYLVANIA

NO. _____

CIVIL ACTION - LAW

PRIOR COURT INVOLVEMENT STATEMENT

The following lists all cases involving one or more of the same parties and indicates if a prior matter involved a Conference or a Contested Hearing before a Judge or if an agreed order was entered.

Check all that Apply	Action	Docket Number	Judge	Contested Hearing or Pretrial Conference	Agreement Reached and No Hearing Before a Judge Required
<input type="checkbox"/>	Custody				
<input type="checkbox"/>	Divorce				
<input type="checkbox"/>	Support or APL				
<input type="checkbox"/>	Paternity				
<input type="checkbox"/>	PFA				
<input type="checkbox"/>	This is the first Family Law Matter Filed in Dauphin County involving the above-captioned parties and children.				

Signature (Your Signature)

Date

Name (Print your Name)

CERTIFICATION

I, _____, certify that this filing 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