

Plaintiff(s) : IN THE COURT OF COMMON PLEAS
 : OF BERKS COUNTY, PENNSYLVANIA
 : CIVIL ACTION – LAW
 vs. : CHILD CUSTODY
 : No.
 :
 Defendant(s) : Assigned to: , J.

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

I, _____, hereby swear or affirm, subject to penalties
Name
 of law including 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities that:

1. Unless indicated by my checking the box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. § 6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	Criminal homicide (murder) (18 Pa.C.S. Ch. 25)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Aggravated assault (18 Pa.C.S. §2702)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Terroristic threats (18 Pa.C.S. §2706)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Stalking (18 Pa.C.S. §2709.1)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Kidnapping (18 Pa.C.S. §2901)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Unlawful restraint (18 Pa.C.S. §2902)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	False imprisonment (18 Pa.C.S. §2903)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Luring a child into a motor vehicle or structure (18 Pa.C.S. §2910)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Rape (18 Pa.C.S. §3121)	<input type="checkbox"/>	<input type="checkbox"/>		

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	Statutory sexual assault (sexual assault of a minor) (18 Pa.C.S. §3122.1)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Involuntary deviate sexual assault (18 Pa.C.S. §3123)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual assault (of an adult) (18 Pa.C.S. §3124.1)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Aggravated indecent assault (18 Pa.C.S. §3125)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Indecent assault (18 Pa.C.S. §3126)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Indecent exposure (18 Pa.C.S. §3127)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual intercourse with an animal (18 Pa.C.S. §3129)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Conduct relating to sex offenders (18 Pa.C.S. §3130)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Arson and related offenses (18 Pa.C.S. §3301)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Incest (18 Pa.C.S. §4302)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Concealing death of a child (18 Pa.C.S. §4303)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Endangering the welfare of children (18 Pa.C.S. §4304)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Trading, bartering, buying, selling or dealing in infant children (18 Pa.C.S. §4305)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Prostitution and related offenses (18 Pa.C.S. §5902(b))	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Obscene and other sexual materials and performances (18 Pa.C.S. §5903(c) or (d))	<input type="checkbox"/>	<input type="checkbox"/>		

Check all that apply	Crime	Self	Other household member	Date of conviction, guilty plea, no contest plea, or pending charges	Sentence
<input type="checkbox"/>	Corruption of a minor (18 Pa.C.S. §6301)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual abuse of a child (18 Pa.C.S. §6312)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Unlawful contact with a minor (18 Pa.C.S. §6318)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Sexual exploitation of a child (18 Pa.C.S. §6320)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Contempt for violation of a Protection from Abuse Order or Agreement (23 Pa.C.S. §6114)	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Driving under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Manufacture, sale delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>		

2. Unless indicated by my checking the box next to an item below, neither I nor any other member of my household have a history of violent or abusive conduct, or involvement with a Children & Youth agency, including the following:

Check all that apply	Crime	Self	Other household member	Date
<input type="checkbox"/>	A finding of abuse by a Children & Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Abusive conduct as defined under the Protection from Abuse Act (PFA) in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Involvement with a Children & Youth agency or similar agency in Pennsylvania or another jurisdiction. Where? _____	<input type="checkbox"/>	<input type="checkbox"/>	

Check all that apply	Crime	Self	Other household member	Date
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse: _____

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child: _____

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain: _____

I verify that the information above is true and correct to the best of my knowledge, information or belief. I understand that false statements herein are subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Date: _____

Signature

Printed Name