

IN THE COURT OF COMMON PLEAS OF LAWRENCE COUNTY, PENNSYLVANIA

Plaintiff(s)

Vs No. _____ of _____ C.A.

Defendant(s)

ENTRY OF APPEARANCE AS A SELF-REPRESENTED PARTY

1. I am the ____ Plaintiff ____ Defendant in the above-captioned case.

2. I intend to represent myself in the ____ custody, ____ divorce, ____ support, ____ protection from abuse, ____ paternity case.

3. CHECK ONLY ONE BOX IN QUESTION 3:

This is a new case and I am representing myself in this case and have decided not to hire an attorney to represent me **OR**

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 **OR**

This is not a new case. _____ (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 requested that attorney to acknowledge his/her withdrawal as my attorney in this case by signing this form. _____, Esq. (ATTORNEY SIGNATURE).

4. ____ I am entering my appearance as a self-represented party _____.
(YOUR SIGNATURE)

5. I understand that I need to provide a street address or P.O. Box for the purpose of receiving all future pleadings and other legal notices. I further understand that this does not need to be my home address. 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 I am responsible to check the mail at this address so I do not miss important deadlines or proceedings.

I am not providing my address because I reside at a confidential location protected by the Protection From Abuse Act, 23 Pa. C.S. § 6112 and/or the Address Confidentiality Program, 23 Pa. C.S. § 6701-6713, and/or the Child Custody Act, 23 Pa. C.S. § 5336(b).

6. My telephone number where I can be reached is _____

My telephone number is confidential pursuant to the Protection From Abuse Act, 23 Pa. C.S. § 6112 and/or the Child Custody Act, 23 Pa. C.S. § 5336(c).

7. **I UNDERSTAND I MUST FILE A NEW FORM EVERY TIME MY ADDRESS OR TELEPHONE NUMBER CHANGES.**

8. I understand that I must ensure that a copy of this form is served on 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 that could result in a fine and/or prison term.

Date

Your Signature