
 PLAINTIFF : IN THE COURT OF COMMON PLEAS
 vs. : OF TIOGA COUNTY, PENNSYLVANIA
 _____ : NO: _____ FS _____
 DEFENDANT

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, PFA.

Check only one box in Question 3

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. _____ previously

(Name of Attorney)

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 or record in this case. I have provided a copy of this form to that attorney listed at the following address:

_____.

I request that the above named attorney acknowledge his/her withdrawal as my attorney in this case by signing this form.

_____, Esquire
 (Attorney Signature)

4. I am entering my appearance as a self-represented party to the above captioned case.

 (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 proceedings 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 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 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)