

\_\_\_\_\_  
PLAINTIFF

vs.

IN THE COURT OF COMMON PLEAS  
\_\_\_\_\_  
COUNTY, PENNSYLVANIA

NO. \_\_\_\_\_

\_\_\_\_\_  
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,  protection from abuse,  paternity case.

**Check only one box in Question 3**

- 3.  This is a new case and I am representing myself. I have decided not to hire an attorney to represent me.  
**OR**
- This is not a new case and I am representing myself. I 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 of record in this case.  
I have provided a copy of this form to that attorney listed above at the following address:

\_\_\_\_\_  
That attorney has acknowledged his/her withdrawal from 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 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 \_\_\_\_\_.
- I am not providing my telephone number because it 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)