

IN THE COURT OF COMMON PLEAS
DAUPHIN COUNTY, PENNSYLVANIA

PLAINTIFF

vs.

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.

This **(MARK ONE)** is is **NOT** a new case. I have decided not to hire an attorney to represent me. I am entering my appearance as a self-represented party.

(Signature of Self-Represented Party)

2. **If this is not a new case, please check one box and complete the information. (Skip if this is a new case.)**

This is **NOT** a new case, and I have never been represented by counsel.

This is **NOT** a new case and (Name of Prior 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:

This is **NOT** a new case, and my prior attorney acknowledges their withdrawal as my attorney in this case.

(Signature of Prior Attorney)

3. **Check one box.**

I am a victim of abuse and the other party to this action was the abuser. My address, phone 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 an abuse victim and my address, phone number and email address for the purpose of receiving all future pleadings and other legal notices are listed below. I understand that this address will be the only address to which notices and pleadings in this case will be sent. I understand that I am responsible to regularly check my mail at this address to ensure that I do not miss important deadlines or proceedings.

Complete Mailing Address: _____

Phone Number: _____ Email: _____

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

5. 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: (Do not list yourself. 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).**

6. 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 of Self-Represented Party

CERTIFICATION

I, (Your Name) _____, 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 of Self-Represented Party