

**IN THE COURT OF COMMON PLEAS OF \_\_\_\_\_ COUNTY, PENNSYLVANIA**  
**FAMILY COURT DIVISION**

v. \_\_\_\_\_ No.  
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**AFFIDAVIT PURSUANT TO 23 Pa.C.S.A. §5328 and §5329**  
**CRIMINAL RECORD/ABUSE HISTORY VERIFICATION**

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

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:

1. Please state whether or not you and/or **another adult living in your household** have been convicted of, pled guilty or no contest to the following crimes in Pennsylvania or any other jurisdiction, as follows:

NO	YES	Crime	Self	Other Household Member	Date of Conviction & Plea	Sentence
<input type="checkbox"/>	<input type="checkbox"/>	Contempt for violation of a Protection from Abuse order or agreement;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Driving under the Influence of alcohol or a controlled substance or drugs;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Possession, sale, delivery, manufacturing or offering for sale any controlled substance or other drug or device;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
NO	YES	Crime	Self	Other Household Member	Date of Conviction & Plea	Sentence
<input type="checkbox"/>	<input type="checkbox"/>	Criminal homicide	<input type="checkbox"/>	<input type="checkbox"/>		

		Murder		Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Assault;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Terroristic Threats;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Stalking;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful restraint;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	False imprisonment;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Luring a child into a motor vehicle or structure;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault, indecent assault, indecent exposure, unlawful contact with a minor, sexual abuse of children, sexual exploitation of children, sexual intercourse with an animal, incest;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Sex offender non-compliance with registration requirements, statute, court order, probation or parole, or other requirement under 18 Pa.C.S.A. §3130 and 42 Pa. C.S. §9795.2	<input type="checkbox"/>	<input type="checkbox"/> Name:		

N O	YE S	Crime	Self	Other Household Member	Date of Convict ion & Plea	Sentence
<input type="checkbox"/>	<input type="checkbox"/>	Arson and related offenses;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Concealing death of a child;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Endangering the welfare of children;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Trading, bartering, buying, selling or dealing in infant children;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Prostitution and related offenses;	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Obscene and other sexual materials and performances; or	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Corruption of minors or unlawful contact with a minor.	<input type="checkbox"/>	<input type="checkbox"/> Name:		

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

N O	YE S	Crime	Self	Other Household Member	Date of Convict ion & Plea	Sentence
<input type="checkbox"/>	<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"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Has been subject to a Protection from Abuse order in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/> Name:		
<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/> Name:		

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

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

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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 \_\_\_\_\_

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

\_\_\_\_\_  
Signature

**CRIMINAL CHARGE INFORMATION FOR INDIVIDUALS INVOLVED IN CHILD CUSTODY CASES CAN BE FOUND BY ACCESSING THE JEN & DAVE PROGRAM AT [WWW.JENDAVEPROGRAM.US](http://WWW.JENDAVEPROGRAM.US)**