

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