

Notice of Revocation of Affidavit of Accountability of Supervision

**USE THESE INSTRUCTIONS AND FORMS
WHEN YOU WANT TO REVOKE YOUR
POSITION AS SUPERVISOR FOR A PARTY
OF A CUSTODY ACTION.**

**You must SERVE all interested parties after
completing and filing this form.**

IT IS STRONGLY RECOMMENDED THAT YOU
CONTACT ATTORNEY CONNECTION AT (717) 854-
8755 FOR A LOW-COST INITIAL CONSULTATION
WITH AN ATTORNEY BEFORE PROCEEDING
FURTHER.

The information in this packet is not a substitute for
professional legal advice. The Court assumes no
responsibility and accepts no liability for actions taken by
users of these documents, including reliance on their
content.

ATTENTION CS+HC VISITORS

THE **PUBLIC ACCESS POLICY** OF THE UNIFIED JUDICIAL SYSTEM
OF PENNSYLVANIA
204 Pa. Code §213.81
www.pacourts.us/public-records

IS EFFECTIVE JANUARY 6TH, 2018

IN ORDER TO FOLLOW THIS RULE CHANGE, YOU MAY NEED A
CONFIDENTIAL INFORMATION FORM OR A **CONFIDENTIAL
DOCUMENT FORM** INCLUDED WITH YOUR FILING

CONFIDENTIAL INFORMATION is defined as:

- SSN
- Financial Account Numbers (You may use the last 4 digits)
- Driver's License Numbers
- State Identification Numbers
- Minor's Name, Date of Birth (except when charged as defendant in a criminal case)
- IN FAMILY COURT ACTIONS – Abuse victim's contact information, including their employer's name, address and work schedule

CONFIDENTIAL DOCUMENTS are defined as:

- Financial Source Documents
- Minor's Educational Record
- Medical/Psychological Record
- CYF or CYS Record
- Marital property inventory and pre-trial statement in Divorce proceedings
- Income & Expense Statements in Support actions
- Agreement between parties in Divorce proceedings

**JUDGES MAY DENY YOUR PETITION FOR FAILURE TO COMPLY
WITH THIS POLICY and SANCTIONS MAY BE IMPOSED**

REVOKING AFFIDAVIT OF ACCOUNTABILITY OF SUPERVISOR

(IF ONE OF THE PARTIES' PERIODS OF CUSTODY NEED TO BE SUPERVISED AND THE SUPERVISOR HAS DECIDED HE/SHE CAN NO LONGER PERFORM DUTIES OF SUPERVISOR)

If the Court orders supervised custody in your case, all Court-approved supervisors must complete an Affidavit of Accountability of Supervisor and file it with the Prothonotary's Office with copies provided to the parties. One way to remove oneself as supervisor in a custody case is to revoke the signed Affidavit of Accountability by giving written notice of the revocation to all parties and agencies involved and filing that notice with the Court.

The Supervisor must complete the following steps:

- Complete the Notice of Revocation of Affidavit of Accountability of Supervisor
- Serve a copy of that notice to all interested parties—parents, other parties, attorneys, CYF (if applicable)—by mail or personal service
- File Notice & proof of service with the Court via the Prothonotary's Office

Step 1. Complete the Notice of Revocation of Affidavit of Accountability of Supervisor

****REMINDER** ONLY MINOR'S INITIALS AND YEAR OF BIRTH ARE TO BE INCLUDED IN THESE FORMS**

A. Complete the Caption

1. The caption is the top part of the first page of each document. The names of the parties, the docket number (which was assigned by the Prothonotary), the type of document and the court's name are contained in the caption.
2. To complete the caption, you must look at an existing order to fill in the caption to match the caption on the existing order. The Plaintiff, Defendant, and Case/Docket Number will be exactly as they appear on that order.

B. Complete the Form

1. In #1, write your name in the first blank. Write the name of the party whose periods of custody with the child(ren) were to be supervised in the second blank. In the third blank, write the **initials** of the child(ren) whose custody visits you will no longer supervise.
2. In paragraph #2, write the date you signed the prior affidavit.
3. In paragraph #3, write the date the prior affidavit was filed with the Prothonotary's Office.
4. Sign & date the notice. Fill in your address, phone number, & email address.

Step 2.

Serve Notice to All Interested Parties

A. Make copies of the completed notice.

1. You will need enough copies for the Court and every party involved, including lawyers if any party is represented by an attorney, and also including any agency such as CYF, if applicable. You will need **the original + at least 3 copies**, maybe more: the original for the Prothonotary, one copy for each parent/party, and one copy for your records.

B. Send or give a copy to all parties.

1. PERSONAL SERVICE

You may hand deliver the notice to each of the parties.

2. SERVICE BY MAIL

Or, you may send the notice by 1st Class Mail.

Step 3.

File the Notice of Revocation of Affidavit of Accountability of Supervisor & Proof of Service (Certificate of Service of Notice)

A. Complete the Certificate of Service of Notice.

1. Complete the caption so that it looks like the caption on the notice and all other forms filed in this case.
2. Write your name in the first blank.
3. Write the date you served all the parties.
4. Fill in the names and addresses of all interested parties to whom you served a copy of the Notice of Revocation of Affidavit of Accountability of Supervisor. Sign & date the notice.

B. File the Notice of Revocation & the Certificate of Service of Notice.

1. Take the original and your copies of the completed Notice and the Certificate of Service to the Prothonotary's Office, located on the first floor of the York County Judicial Center. The Prothonotary will time-stamp the notice & affidavit of service and put the originals in the Case File and return your copies to you for your records.



Instructions for Completing the Confidential Information Form

The following information is confidential and shall not be included in any document filed with a court or custodian, except on a Confidential Information Form filed contemporaneously with the document:

1. Social Security Numbers
2. Financial Account Numbers, except an active financial account number may be identified by the last four digits when the financial account is the subject of the case and cannot otherwise be identified. "Financial Account Numbers" include financial institution account numbers, debit and credit card numbers, and methods of authentication used to secure accounts such as personal identification numbers, user names and passwords.
3. Driver License Numbers
4. State Identification (SID) Numbers
5. Minors' names and dates of birth except when a minor is charged as a defendant in a criminal matter (see 42 Pa.C.S. § 6355). "Minor" is a person under the age of eighteen.
6. Abuse victim's address and other contact information, including employer's name, address and work schedule, in family court actions as defined by Pa.R.C.P. No. 1931(a), except for victim's name. "Abuse Victim" is a person for whom a protection order has been granted by a court pursuant to Pa.R.C.P. No. 1901 et seq. and 23 Pa.C.S. § 6101 et seq. or Pa.R.C.P. No. 1951 et seq. and 42 Pa.C.S. § 62A01 et seq. **If necessary, this information must be provided on the separate Abuse Victim Addendum. Please note there are separate instructions for the completion of the Addendum located on the form.**

Please note this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.).

- **The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.**
- Do not include confidential information in any other document filed with the court under this docket.
- If you need to refer to a piece of confidential information in a document, use the alternate references. If you need to attach additional pages, sequentially number each alternate reference – i.e. SSN 3, SSN 4, etc.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*. A party's or attorney's failure to comply with this section shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the requirements of the above referenced policy, a court may, upon motion or its own initiative, with or without a hearing, order the filed document sealed, redacted, amended or any combination thereof. A court may impose sanctions, including costs necessary to prepare a compliant document for filing in accordance with applicable authority.

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

*Public Access Policy of the Unified Judicial System of Pennsylvania:
Case Records of the Appellate and Trial Courts
204 Pa. Code § 213.81
www.pacourts.us/public-records*

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____.

Pursuant to the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of ____ and the full name of</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of ____ and the full name of</p> <p>_____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

Additional page(s) attached. _____ total pages are attached to this filing.

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

NOTE: Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.

**CONFIDENTIAL
INFORMATION
FORM**



**APPELLATE/TRIAL COURT
CASE RECORDS**

Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN ____</p> <p>Alternative Reference: FAN ____</p> <p>Alternative Reference: DLN ____</p> <p>Alternative Reference: SID ____</p>



Abuse Victim Addendum

Instructions for Completing the Abuse Victim Addendum: The Abuse Victim Addendum shall accompany a filing where confidential information is being provided by an abuse victim, as defined in this policy, **in family court actions** (see Pa.R.C.P. No. 1931(a)), **as required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter.** This addendum, and any additional pages, shall only be provided to the court and shall remain confidential. The best way to protect confidential information is not to provide it to the court. Therefore, only provide confidential information to the court when it is required by law, ordered by the court or is otherwise necessary to effect the disposition of a matter.

Type of Family Court Action		
Divorce, Annulment, Dissolution of Marriage	Child Custody	
Support	Paternity	Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
<hr/> (full name of abuse victim)	AV Address: <hr/>	Alternative Reference: AV 1 Address
<hr/> Docket/Case No. of Protection Order	AV Employer's Name & Address: <hr/>	Alternative Reference: AV 1 Employer's Name & Address
<hr/> Court/County	AV Work Schedule: <hr/>	Alternative Reference: AV 1 Work Schedule
	AV Other contact information: <hr/>	Alternative Reference: AV 1 Other contact information

Attach additional page(s) if necessary.



Abuse Victim Addendum

Additional page (if necessary)

Type of Family Court Action		
Divorce, Annulment, Dissolution of Marriage	Child Custody	
Support	Paternity	Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
<hr/> (full name of abuse victim)	AV Address: <hr/>	Alternative Reference: AV __ Address
<hr/> Docket/Case No. of Protection Order	AV Employer's Name & Address: <hr/>	Alternative Reference: AV __ Employer's Name & Address
<hr/> Court/County	AV Work Schedule: <hr/>	Alternative Reference: AV __ Work Schedule
	AV Other contact information: <hr/>	Alternative Reference: AV __ Other contact information

Type of Family Court Action		
Divorce, Annulment, Dissolution of Marriage	Child Custody	
Support	Paternity	Protection from Abuse
This Information Pertains to:	Confidential Information:	References in Filing:
<hr/> (full name of abuse victim)	AV Address: <hr/>	Alternative Reference: AV __ Address
<hr/> Docket/Case No. of Protection Order	AV Employer's Name & Address: <hr/>	Alternative Reference: AV __ Employer's Name & Address
<hr/> Court/County	AV Work Schedule: <hr/>	Alternative Reference: AV __ Work Schedule
	AV Other contact information: <hr/>	Alternative Reference: AV __ Other contact information

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

Plaintiff

No. _____

VS.

Defendant

CIVIL ACTION – LAW

CUSTODY

NOTICE OF REVOCATION OF AFFIDAVIT OF ACCOUNTABILITY OF SUPERVISION

1. I, _____, hereby revoke my prior affidavit of
(Name of Supervisor)
accountability of supervision of _____,
(Name of person whose periods of custody with the child(ren) were to be supervised)
regarding the following child(ren) identified by INITIALS ONLY:

_____.

2. Date prior affidavit was signed : _____.

3. Date prior affidavit was filed: _____.

Date: _____

Signature of Supervisor

Name of Supervisor

Address

Telephone Number

Email Address

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

Plaintiff

No. _____

Vs.

Defendant

CUSTODY

CERTIFICATE OF SERVICE OF NOTICE

I, _____, do hereby certify that a true and correct copy of the
(Name of Person to be removed as Supervisor)
foregoing Notice of Revocation of Affidavit of Accountability of Supervisor in the above-
captioned custody action was served upon the following below-named individuals on the
_____ day of _____, 201__ :

NAME &

NAME &

ADDRESS of PARTY

ADDRESS of PARTY

NAME &

NAME &

ADDRESS of PARTY

ADDRESS of PARTY

DATE: _____

By: _____
Signature of Supervisor