

**SUSQUEHANNA COUNTY
PROTECTION FROM ABUSE**

To qualify for a PFA in Pennsylvania, you must be related to, live with, or have had an intimate relationship with the person you are filing on.

The *defendant* (person you are filing on) must have harmed you or threatened to harm you or your children. You can not file a PFA just to get custody of children or evict someone

Please understand that with a PFA, you are not allowed to contact the defendant either. If you do so, it may void the PFA or result in Contempt charges against yourself.

If the Judge approves the temporary PFA today, there will be a hearing scheduled that you will need to attend in order for the Judge to hear both sides of this case and make a final decision.

Do you want Women's Resource Center to assist you with this PFA? _____

If you qualify for a PFA and wish to file, please fill out the form below.

Plaintiff's name (you)_____ Date of Birth_____

Address_____

Phone #_____ work #_____ cell#_____

Do you have children with the person you are filing on? _____

Do you want them included in the PFA? _____

If so, list their names and dates of birth: _____

Defendant's name (who you are filing on)_____ Date of Birth_____

Address_____

Employer_____

Has the Defendant ever been arrested? _____

If so, is the Defendant on probation/parole now? _____ What County? _____

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Briefly describe why you need a PFA _____

Do you want the defendant evicted OR excluded from coming to your home? _____

Does the defendant have weapons? _____

Has the defendant threatened to harm you with any weapons? _____

If so, what weapons does defendant have? _____

Do you want weapons taken away from defendant? _____

Has the defendant ever been arrested? _____

If so, is defendant currently on probation? _____ **where?** _____

I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C. S. 4904, relating to unsworn falsification to authorities.

Sign _____ **Date** _____