

: IN THE COURT OF COMMON PLEAS
: OF LUZERNE COUNTY
: **Plaintiff** :
: **CIVIL ACTION – LAW**
vs. : **IN DIVORCE**
: :
: :
: :
Defendant : **NO. OF**

.....
STATUS CONFERENCE INFORMATION FORM FOR MASTER IN DIVORCE

PLAINTIFF:

Name: _____

Address where Legal Papers shall be served: _____

Landline Telephone Number: _____

Cell Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Plaintiff's Date of Birth: _____

Plaintiff's Current Occupation: _____

Name and Address of Plaintiff's Current Employer: _____

Plaintiff's Current Annual Income from all sources: \$ _____

Have you resided in the Commonwealth of Pennsylvania for six (6) months prior to the commencement of this Divorce Action? _____

PLAINTIFF'S ATTORNEY

Name: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Date Attorney for Plaintiff filed their Entry of Appearance: _____

DEFENDANT:

Name: _____

Address where Legal Papers shall be served: _____

Landline Telephone Number: _____

Cell Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Defendant's Date of Birth: _____

Defendant's Current Occupation: _____

Name and Address of Defendant's Current Employer: _____

Defendant's Current Annual Income from all sources: \$ _____

Have you resided in the Commonwealth of Pennsylvania for six (6) months prior to the commencement of this Divorce Action? _____

DEFENDANT'S ATTORNEY

Name: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Date Attorney for Defendant filed their Entry of Appearance: _____

THIS MARRIAGE:

Date of this Marriage: _____

Place of this Marriage: _____

Date of Separation: _____

PRIOR MARRIAGE(S) OF PARTY COMPLETING THIS FORM:

Number of Prior Marriage(s): _____

For each prior marriage state the following:

Date of prior marriage: _____

Name of spouse: _____

How was that marriage dissolved? _____

Date of prior marriage: _____

Name of spouse: _____

How was that marriage dissolved? _____

FOR PARTY COMPLETING THIS FORM: LIST YOUR ADDRESSES FOR ALL RESIDENCES FROM DATE OF MARRIAGE TO DATE OF SEPARATION:

Dates you lived at residence:

Address of Residence:

From _____

To _____

Dates you lived at residence:

Address of Residence:

From _____

To _____

Dates you lived at residence:

Address of Residence:

From _____

To _____

STATE THE FOLLOWING ABOUT EACH CHILD OF THE MARRIAGE:

Name: _____

Date of Birth: _____

Name and address with whom child resides: _____

Is there a custody order? _____

If yes, date of order: _____

Enclose a copy of the custody order when you return this information form to the Master in Divorce.

Name: _____

Date of Birth: _____

Name and address with whom child resides: _____

Is there a custody order? _____

If yes, date of order: _____

Enclose a copy of the custody order when you return this information form to the Master in Divorce.

Name: _____

Date of Birth: _____

Name and address with whom child resides: _____

Is there a custody order? _____

If yes, date of order: _____

Enclose a copy of the custody order when you return this information form to the Master in Divorce.

QUESTIONS ABOUT THIS DIVORCE ACTION:

Date divorce complaint was filed: _____

Method and date of service of divorce complaint: _____

State the ground(s) for the divorce: _____

Is (are) the ground(s) for the divorce contested? _____

Date inventory (Pa RCP 1920.33) was filed by moving party: _____

► If moving party has not filed their inventory, please file your inventory and enclose a copy of your inventory when you return this information form to the Master in Divorce.

Date inventory was served upon non-moving party: _____

Date non-moving party filed their inventory: _____

► If non-moving party has not filed their inventory, please file your inventory and enclose a copy of your inventory when you return this information form to the Master in Divorce.

Date non-moving party served inventory upon moving party: _____

Date motion for appointment of master in divorce was filed: _____

Date of order for appointment of master in divorce: _____

Date the moving party pay the \$200.00 administrative fee to the Office of Judicial Services and Records (Prothonotary): _____

Date the responding party pay the \$200.00 administrative fee to the Office of Judicial Services and Records (Prothonotary): _____

Is discovery completed? _____

If discovery is not completed, state what is outstanding: _____

_____.

Anticipated length of master's hearing: _____

List name & address of witnesses you expect to call at master's hearing: _____

List name & address of expert witnesses you intend to call at master's hearing. if available provide the master with a copy of expert's report. _____

Americans with Disabilities Act (ADA) and Language Access Plan

If you require accommodations under the Americans with Disabilities Act (ADA) in order to participate in any proceeding before the Master in Divorce, contact the ADA coordinator as soon as possible or at least three (3) business days before your scheduled participation in any proceeding before the Master in Divorce.

If English is not your primary language and you need an interpreter or if you are deaf or hard of hearing and need a sign language interpreter in order to participate in any proceeding before the Master in Divorce, contact the Language Access coordinator as soon as possible or at least three (3) business days before your scheduled participation in any proceeding before the Master in Divorce.

ADA Coordinator and Language Access Coordinator

**Melissa Schatzel
Luzerne County Courthouse
200 North River Street
Wilkes-Barre, PA 18711-1001**

Telephone: 570-830-5135

Email: mschatzel@luzernecountycourts.com

► I, the undersigned, have completed this Status Conference Information Form and shall return this completed Form to the Master in Divorce with SEVEN (7) business days of the date of the Notice of Status Conference.

**Susan A. Maza, Esquire
Master in Divorce
Family Court – Brominski Building
113 West North Street
Wilkes-Barre, PA 18711**

Email: susan.maza@luzernecounty.org

► I understand that I am under a continuing obligation to provide any change in my contact information to the Master in Divorce, self-represented opposing party and the attorneys of record in writing within seven (7) days.

Dated: _____

Signature of Plaintiff or Plaintiff's Attorney of Record

Print name of person signing above

Dated: _____

Signature of Defendant or Defendant's Attorney of Record

Print name of person signing above