

INSTRUCTIONS FOR FILING EXCEPTIONS TO RECOMMENDATION OF HEARING OFFICER IN EQUITABLE DISTRIBUTION

1. Request a transcript of your hearing by completing the attached EQUITABLE DISTRIBUTION HEARING TRANSCRIPT ORDER FORM.
2. Once your order is placed, Montgomery County Equitable Distribution will issue a confirmation letter that will be sent to the email address you provided on your order form. This confirmation letter **must** be attached to your Exceptions when filed with the court.
3. The audio files from your Equitable Distribution hearing will be provided to the transcriptionist. You will be provided with the transcriptionist's contact information and required to contact them directly to provide a monetary deposit. The transcriptionist will not begin transcribing your order until the deposit is received.
4. Please note transcriptionists are not affiliated with the Montgomery County Court of Common Pleas. Transcriptionists cannot answer any case specific questions nor provide aid with filing Exceptions to any Montgomery County Equitable Distribution recommendation. If you have any questions regarding the Exception filing process, please call 610-278-3516. If you have questions regarding scheduling, please call 610-278-3224.

NOTE: If you are filing cross exceptions you must indicate that in your filing and attach a copy of the opposing party's exceptions.

5. Complete the Exceptions packet:
 - Family Court Cover Sheet
 - Notice to Defend
 - Exceptions to Recommendation of Hearing Officer (ED)
3. The following **MUST** also be attached to your filing:
 - Equitable Distribution Order
 - ED Transcript Request Confirmation Letter
4. E-file or take your completed packet with attachments and filing fee in the form of cash, money order or cashier's check to:

**Prothonotary
Courthouse, 1st Floor**

The current fees can be found at www.montcopa.org/DocumentCenter/View/19417 under "ED/Exceptions".

5. You must serve a complete copy of your filing with attachments upon the other party's attorney or on the other party if they are self-represented.

You can serve the copies by regular mail, certified mail or hand delivery.

6. After the copies of your filing has been mailed or hand delivered, the Certificate of Service must be completed with:

Date of mailing/hand delivery
Name and address it was mailed or delivered to
Manner of service
Your signature & date

7. The completed Certificate of Service must be e-filed, mailed or hand delivered to the Prothonotary address on the form:

**Prothonotary
P.O. Box 311
Norristown, PA 19404**

8. Once you have completed all the steps above and the transcripts have been received by the court, your assigned Judge will issue a briefing schedule and argument date, which you will receive by mail.

PLEASE MAKE CERTAIN THAT THE PROTHONOTARY HAS YOUR CORRECT ADDRESS AT ALL TIMES TO ENSURE YOU RECEIVE NOTIFICATIONS.

FAMILY COURT COVER SHEET

NO: _____

Attorney for Plaintiff ID: _____

Attorney for Plaintiff Phone Number & Email Address

VS.

Plaintiff Phone Number & Email Address (REQUIRED)

Attorney for Defendant ID: _____

Attorney for Defendant Phone Number & Email Address

Defendant Phone Number & Email Address (REQUIRED)

AVERMENT OF CONSOLIDATION

On the space below, please provide the docket number of all other companion cases associated with this case (including any closed files involving the same party-litigants) that related to:

- | | |
|--|-------------------------|
| 1. Divorce Annulment _____ | 2. Support _____ |
| 3. Equitable Distribution _____ | 4. Paternity _____ |
| 5. Custody/Visitation _____ | 6. Special Relief _____ |
| 7. Outstanding/Temporary/Final Protection from Abuse Order _____ | |
-

I certify that the information provided above is comprehensive and complete to the best of my knowledge and that I have formally entered my appearance for the case captioned above:

BY: _____

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA

FAMILY DIVISION

_____ NO: _____

vs.

NOTICE TO DEFEND

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the filer. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

LAWYER REFERENCE SERVICE
MONTGOMERY BAR ASSOCIATION
100 WEST AIRY STREET (REAR)
NORRISTOWN, PA 19401

(610)279-9660, EXTENSION 201

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA

FAMILY DIVISION

No: _____

vs.

EXCEPTIONS TO RECOMMENDATION OF THE HEARING OFFICER IN EQUITABLE DISTRIBUTION

Date of Recommended Order: _____

Attorney for Plaintiff or Pro Se Party

Attorney for Defendant or Pro Se Party

Name

Name

Address

Address

Phone No.

Phone No.

Transcript Confirmation is attached.

Name of Party filing Exceptions: _____

Circle one : Plaintiff Defendant

NOTICE:

THIS FILING WILL NOT BE ACCEPTED IF PROOF OF THE TRANSCRIPT REQUEST AND COPY OF YOUR EQUITABLE DISTRIBUTION ORDER IS NOT ATTACHED.

YOU MUST FILE AN AFFIDAVIT OF SERVICE WITH THE COURT VERIFYING THAT THIS DOCUMENT WAS SERVED ON ALL PARTIES. THE FILING PARTY MUST SERVE A FULL COPY OF THIS DOCUMENT UPON THE OPPOSING PARTY AND ATTORNEYS, IF ANY.

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA
FAMILY DIVISION

_____ No: _____
vs.

CERTIFICATE OF SERVICE OF
EXCEPTIONS TO RECOMMENDATION OF THE HEARING OFFICER IN EQUITABLE DISTRIBUTION

I certify that on _____, 20____, a true and complete copy of the foregoing **Exceptions to Recommendation of the Hearing Officer in Equitable Distribution** has been served upon:

Name

Address

City/State/Zip

Manner of Service: Reg First Class Mail Certified Mail Other _____

Signed: _____

Dated: _____

PLEASE E-FILE, OR BRING/MAIL THIS COMPLETED FORM TO:

PROTHONOTARY
P.O. BOX 311
NORRISTOWN, PA 19404

