

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY  
FAMILY SECTION

No. \_\_\_\_\_

v.

**OBJECTIONS TO RECOMMENDATION OF PARENTING COORDINATOR  
AND REQUEST FOR RECORD HEARING**

Date of Recommendation: \_\_\_\_\_

Parenting Coordinator: \_\_\_\_\_

**Copy of the Recommendation is attached.**

Attorney for Plaintiff or Pro Se Party

Attorney for Defendant or Pro Se Party

Name

Name

Address

Address

Phone No.

Phone No.

Email

Email

Name of Party filing Objections:

Circle one:

Plaintiff

Defendant

**NOTICE:**

**YOU MUST FILE THE ATTACHED AFFIDAVIT OF SERVICE WITH THESE OBJECTIONS VERIFYING THAT THIS DOCUMENT WAS SERVED ON ALL PARTIES/COUNSEL AND THE PARENTING COORDNATOR. THE FILING PARTY MUST SERVE A FULL COPY OF THIS DOCUMENT UPON THE OPPOSING PARTY, ATTORNEYS (IF ANY) AND THE PARENTING COORDINATOR.**



IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA  
FAMILY SECTION

No. \_\_\_\_\_

v.

**CERTIFICATE OF SERVICE OF  
OBJECTIONS TO RECOMMENDATION OF THE PARENTING COORDINATOR  
AND REQUEST FOR RECORD HEARING**

I certify that on \_\_\_\_\_, 20\_\_\_\_, a true and complete copy of the foregoing Objections to Recommendation of the Parenting Coordinator and Request for Record Hearing has been served upon:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone Number and Email Address

AND

\_\_\_\_\_  
Parenting Coordinator

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number and Email Address

Manner of Service: Reg. First Class Mail  Certified Mail  Other \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**PLEASE MAIL THIS COMPLETED FORM TO:**

Delaware County Court of  
Common Pleas  
Office of Judicial Support  
201 West Front Street  
Media, PA 19063