

SUPPORT FILING CHECKLIST:

- Signatures on All Forms
- Marriage Information and Dates
- Address/Phone/Email for both parties
- Family Violence-If there is a concern for family violence or an active PFA order, be sure to complete the question at the bottom of page 4 of the Intake Information questionnaire. Complete related question regarding if your address should be kept confidential
- Complaint for Support-Page 2 ,# 5 asks who you are seeking to receive support for.
 1. Enter child(ren)s names here if seeking child support.
 2. If you are seeking spousal support or APL, you will enter your name in this field and which type of support you are seeking
- Provide the following documents with your intake packet to our office
 1. Birth Certificate(s) for the child(ren)
 2. Social Security Card for yourself and child(ren)
 3. Driver's License or ID card
 4. Child's Health Insurance Card

The above items can be emailed to YorkIFSA@PACSES.com if you do not have them with you when submitting your Complaint for Support Packet. Please submit to office no later than 7 days after filing.

Our office will not send out notices to appear for a hearing/conference to your attorney unless your attorney has filed an entry of appearance for your case.

In the Court of Common Pleas of YORK County, Pennsylvania



vs.

Plaintiff

Defendant

) Docket Number:

)

) PACSES Case Number:

)

) Other State ID Number:

Complaint for Support

New Complaint

Amended Complaint

Indicate what services you are applying for Child Support Spousal APL

1. Plaintiff resides at _____

_____ County.

Plaintiff's date of birth is _____

2. Defendant resides at _____

_____ County.

Defendant's date of birth is _____

3. (a) Plaintiff and Defendant were married on _____ at _____.

(b) Plaintiff and Defendant were separated on _____

(c) Plaintiff and Defendant were divorced on _____
at _____

(d) Address of last marital domicile:

4. Plaintiff and Defendant are the parents of the following children:

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Born of the Marriage</u> Y = Yes, N = No
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_____	_____	_____	_____
Residence: _____			

_____	_____	_____	_____
Residence: _____			



Residence: _____

Residence: _____

Residence: _____

Residence: _____

5. Plaintiff seeks to receive support for the following persons:

If seeking support for yourself, check one of the following spousal alimony pendente lite

6. (a) Plaintiff is is not receiving public assistance in the amount of \$ _____ per month for the support of:

(b) Plaintiff is receiving additional income in the amount of \$ _____ from:

7. A previous support order was entered against the Defendant on _____ in an action at in the amount of \$ _____ for the support of:

There are are not arrears in the amount of \$_____ .

The order has has not been terminated.

8. Plaintiff last received support from the Defendant in the amount of \$_____ on

WHEREFORE, Plaintiff requests that an order be entered on behalf of the
aforementioned child(ren) and/or spouse for reasonable support and medical coverage.

Plaintiff or Attorney for Plaintiff

Date

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

Plaintiff Signature

Date

NOTICE

Guidelines for child and spousal support, and for alimony pendente lite, have been
prepared by the Court of Common Pleas and are available for inspection in the Office
of the Domestic Relations Section:



In the Court of Common Pleas of York County, Pennsylvania

York County Domestic Relations Section

45 N George St Suite 2100

York PA 17401

Phone: (717) 771-9605 Fax: (717)771-9817

Application for Child Spousal, or APL Support Services

(Please print clearly)

Name of applicant _____

Social Security Number (SSN) _____

Name of other party _____

I request Child Spousal APL support services under Title IV-D of the Social Security Act, as amended, from York County Domestic Relations Section.

Applicant Signature

Date

In accordance with Section 7(b) of the Privacy Act, you are hereby notified that disclosure of your Social Security number is mandatory based on Section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], Pennsylvania Consolidated Statutes (Pa C.S.) §4304.1 and §4353(a.2). Additionally, you are notified that this information will be used by the Title IV-D program to locate individuals for the purpose of establishing paternity and establishing, modifying, and enforcing support obligations.

FOR OFFICE USE ONLY

Date rec'd in DRS _____ TANF NON-TANF IV-E

Service Type

Form IN-001 12/16
Worker ID



Phone:

Fax:

FOR OFFICE USE ONLY

Plaintiff Name: _____

Defendant Name: _____

Docket Number: _____

PACSES Case Number: _____

Other State ID Number: _____

Intake Information Questionnaire/Data Sheet

(Please print clearly)

DEMOGRAPHICS

PLAINTIFF'S / CARETAKER'S INFORMATION: Relationship to Children: _____

Name (Last, First, Middle) _____

Alias _____ Mother's Name (if not Plaintiff) _____

Address _____

City _____ State _____ Zip Code _____ County _____

Physical Description: Ht. _____ Wt. _____ Eyes _____ Hair _____ Race _____

DOB ____ / ____ / ____ SSN _____

Your Mother's Maiden Name _____

Your Father's Name _____

City, State and Country of Your Birth _____

DEFENDANT'S INFORMATION

Name (Last, First, Middle) _____

Maiden Name/Alias _____

Address _____

City _____ State _____ Zip Code _____ County _____

Physical Description: Ht. _____ Wt. _____ Eyes _____ Hair _____ Race _____

DOB ____ / ____ / ____ SSN _____

Mother's Maiden Name _____

Father's Name _____

City, State and Country of Birth _____



Intake Information Questionnaire/Data Sheet

CHILDREN'S INFORMATION (Defendant's children only)

1. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

YES OR NO

Mother's Maiden Name

Father's Name

Hospital of Birth

City, State and Country of Birth

2. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

YES OR NO

Mother's Maiden Name

Father's Name

Hospital of Birth

City, State and Country of Birth

3. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

YES OR NO

Mother's Maiden Name

Father's Name

Hospital of Birth

City, State and Country of Birth

4. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

YES OR NO

Mother's Maiden Name

Father's Name

Hospital of Birth

City, State and Country of Birth

5. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

YES OR NO

Mother's Maiden Name

Father's Name

Hospital of Birth

City, State and Country of Birth

6. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

YES OR NO

Mother's Maiden Name

Father's Name

Hospital of Birth

City, State and Country of Birth



CONTACT INFO

PLAINTIFF'S CONTACT INFORMATION:

Home Phone () _____ Mobile Phone () _____
Business Phone () _____ Email Address _____

DEFENDANT'S CONTACT INFORMATION:

Home Phone () _____ Mobile Phone () _____
Business Phone () _____ Email Address _____

PLAINTIFF'S RELATIVE / FRIEND CONTACT INFORMATION:

Relative or Friend Name _____ Relationship _____
Relative or Friend Address _____

Relative or Friend Phone Number () _____

DEFENDANT'S RELATIVE / FRIEND CONTACT INFORMATION:

Relative or Friend Name _____ Relationship _____
Relative or Friend Address _____

Relative or Friend Phone Number () _____

EMPLOYER INFO

PLAINTIFF'S EMPLOYER INFORMATION:

Employer Name _____ Net Pay \$ _____ per _____
Employer Address _____
Employer Phone () _____

DEFENDANT'S EMPLOYER INFORMATION:

Employer Name _____ Net Pay \$ _____ per _____
Employer Address _____
Employer Phone () _____

ATTORNEY INFO

PLAINTIFF'S ATTORNEY INFORMATION:

Plaintiff's Attorney _____
Plaintiff's Attorney Address _____

DEFENDANT'S ATTORNEY INFORMATION:

Defendant's Attorney _____
Defendant's Attorney Address _____

INSURANCE INFO

PLAINTIFF'S INSURANCE INFORMATION

Medical Insurance Carrier Name _____ Policy # _____
Medical Insurance Carrier Address _____
Carrier Phone () _____



DEFENDANT'S INSURANCE INFORMATION

Medical Insurance Carrier Name _____ Policy # _____

Medical Insurance Carrier Address _____

Carrier Phone () _____

MARITAL / PATERNITY INFO

Marital Status with respect to Defendant: Divorced Married Separated Single

Date Married ___ / ___ / ___ Separated ___ / ___ / ___ Divorced ___ / ___ / ___

Place of Marriage _____ Place of Divorce _____

Address of Last Marital Domicile _____

ASSISTANCE/EXISTING SUPPORT ORDER INFORMATION:

Is(Are) the child(ren) a subject of any custody action? Y N

If Yes, list child(ren)'s name(s): _____

Are you receiving cash or medical assistance? Y N Applying? Y N

Are you receiving child care subsidy? Y N

Your Welfare Case # _____

Existing support order: Y N Case # _____ County _____ State _____

Amount for Spouse: \$ _____ Per month

Amount for Child(ren): \$ _____ Per month

Amount for Family (Spouse and Child[ren]): \$ _____ Per month

Do you have any concern for family violence? Y N

Do you have a need to keep your address confidential? Y N

I verify that the statements in this document are true and correct to the best of my knowledge. I understand that any false statement is subject to penalty in 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date

Plaintiff/Caretaker Signature

FOR OFFICE USE ONLY: (Circle correct choice)

BENEFICIARY TYPE: TANF NON-TANF IV-E

FEE PAID: Y N N/A

