

YORK COUNTY DOMESTIC RELATIONS - JOB SEARCH REPORT

Note to Employers: This individual is required by our office to verify his/her attempts to secure employment. Your cooperation is appreciated.

Name: Case (s)

Date Given: Return Date/Time: Return to:

Date	Employer	Address/Phone	Signature of Contact	Application taken? If not, why?
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****Note to defendant - You are to have at least five contacts per week. These contacts are to be made in person unless other proof of contact is given. This job search report must be returned by above date. Failure to return this form could result in enforcement actions.**

Signature