

Phone:

Fax:

Application for Child or Spousal Support Services

(Please print clearly)

Name of applicant _____

Social Security Number (SSN) _____

Name of other party _____

I request child/spousal support services under Title IV-D of the Social Security Act, as amended, from _____ County Domestic Relations Section.

Applicant Signature

Date

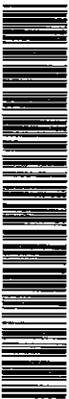
In accordance with Section 7(b) of the Privacy Act, you are hereby notified that disclosure of your Social Security number is mandatory based on Section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], Pennsylvania Consolidated Statutes (Pa C.S.) §4304.1 and §4353(a.2). Additionally, you 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





vs.

Plaintiff

Defendant

) Docket Number:

)

) PACSES Case Number:

)

) Other State ID Number:

Complaint for Support

New Complaint

Amended Complaint

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 _____

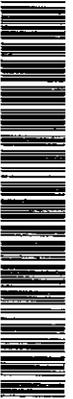
(d) Address of last marital domicile:

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
-------------	-------------------	------------	--

_____	_____	_____	_____
Residence: _____			

_____	_____	_____	_____
Residence: _____			





Residence: _____

Residence: _____

Residence: _____

Residence: _____

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

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:



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?

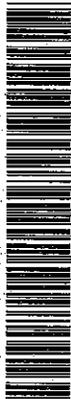
YES OR NO
Mother's Maiden Name Father's Name

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 _____

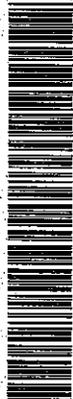
INSURANCE INFO

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

