

# In the Court of Common Pleas of York County, Pennsylvania

DOMESTIC RELATIONS SECTION  
PO BOX 1502, YORK, PA. 17405

Phone: (717) 771-9605

Fax: (717) 771-9817

Plaintiff Name: \_\_\_\_\_

Defendant Name: \_\_\_\_\_

Docket Number: \_\_\_\_\_

PACSES Case Number: \_\_\_\_\_

Other State ID Number: \_\_\_\_\_

Please note: All correspondence must include the PACSES Case Number.

## Social Security Number Disclosure Notice

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)] and Sections 4304.1(a) and 4353(a.2) of the Pennsylvania Domestic Relations Code [23 Pa.C.S. 4304.1(a) 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.

\_\_\_\_\_  
Plaintiff Signature

\_\_\_\_\_  
Date

Effective April 1, 2005, all Motions to Appoint a Master that raise ONLY the issue of Alimony Pendente Lite MUST be accompanied by a properly signed SOCIAL SECURITY NUMBER DISCLOSURE FORM. The Domestic Relations Section requires this form in order to process APL requests.