

## YORK COUNTY DOMESTIC RELATIONS - JOB SEARCH REPORT

Name:  Case (s)

Mailed:  Return Date/Time:  Return to:

	Date	Name and Address of Company	Telephone Number	Person Talked To or Web-site Info	Result
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

**\*\*Note to defendant - You are to have at least fifteen contacts within the two week period listed above. The completed form is to be returned to York County DRS in person on the date due. Copies of the confirmation page(s) or confirmation email(s) should be provided for all on-line employment applications. Failure to return this form on the date due may result in enforcement actions being taken.**

**I certify that the information on this form and any attachments is true and correct:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date