

vs.

Plaintiff/Respondent

Defendant/Petitioner

) Docket Number:

)

) PACSES Case Number:

)

) Other State ID Number:

**Complaint for Support**

New Complaint

Amended Complaint

1. Plaintiff/Respondent resides at

\_\_\_\_\_

\_\_\_\_\_

Plaintiff's/Respondent's date of birth is \_\_\_\_\_

2. Defendant/Petitioner resides at

\_\_\_\_\_

\_\_\_\_\_ County.

Defendant's/Petitioner's date of birth is \_\_\_\_\_

3. (a) Plaintiff/Respondent and Defendant/Petitioner were married on \_\_\_\_\_  
at \_\_\_\_\_

(b) Plaintiff/Respondent and Defendant/Petitioner were separated on \_\_\_\_\_

(c) Plaintiff/Respondent and Defendant/Petitioner were divorced on \_\_\_\_\_  
at \_\_\_\_\_

(d) Address of last marital domicile:

\_\_\_\_\_

\_\_\_\_\_

4. Plaintiff/Respondent and Defendant/Petitioner 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. Defendant/Petitioner seeks to pay support for the following persons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There are  no arrears  arrears in the amount of \$ \_\_\_\_\_.

The order  has not been terminated  was terminated on date \_\_\_\_\_.

8. Plaintiff/Respondent last received support from the Defendant/Petitioner in the amount of \$ \_\_\_\_\_ on \_\_\_\_\_.

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

\_\_\_\_\_  
Defendant/Petitioner or Attorney

\_\_\_\_\_  
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.

\_\_\_\_\_  
Defendant/Petitioner 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:

\_\_\_\_\_  
\_\_\_\_\_