

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