

Instructions for completing the complaint for support packet

1. You are the plaintiff. The party that you are filing against is the defendant.
2. This form works best in the Edge browser. To open Edge on a Windows computer, press the Windows key, type "Edge" and select it. If you need to install Edge, please visit <https://www.microsoft.com/en-us/edge>
3. Please complete the entire form. If a question doesn't apply, please indicate N/A. If the answer to a question is unknown, please indicate "unknown."
4. Once done, save or download a copy.
5. Email the file to [LancoIntake@pacses.com](mailto:LancoIntake@pacses.com)

Thank you.

In the Court of Common Pleas of Lancaster County, Pennsylvania

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

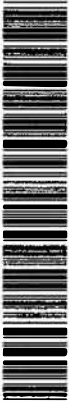
In accordance with Section 7(b) of the Privacy Act, you are hereby notified that disclosure of your Social Security number is mandatory based on Section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], Pennsylvania Consolidated Statutes (Pa C.S.) §4304.1 and §4353(a.2). Additionally, you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

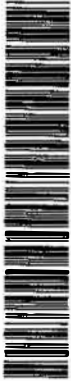
TANF     NON-TANF     IV-E

Form IN-001 12/16  
Worker ID

Service Type



In the Court of Common Pleas of Lancaster County, Pennsylvania



vs.

Plaintiff

Defendant

) Docket Number:

) PACSES Case Number:

) Other State ID Number:

Complaint for  Child Support  Spousal Support  Alimony Pendente Lite

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 \_\_\_\_\_ in \_\_\_\_\_
- (b) Plaintiff and Defendant were separated on \_\_\_\_\_
- (c) Plaintiff and/or Defendant filed for divorce \_\_\_\_\_ in \_\_\_\_\_
- (d) The docket number for the divorce action is \_\_\_\_\_
- (e) Plaintiff and Defendant were divorced on \_\_\_\_\_ in \_\_\_\_\_
- (f) Address of last marital domicile:  
\_\_\_\_\_  
\_\_\_\_\_

4. Plaintiff and Defendant are the parents of the following children:

Name	Birth Date	Age	Born of the Marriage 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.

X \_\_\_\_\_

Plaintiff or Attorney for Plaintiff

X \_\_\_\_\_

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.

X \_\_\_\_\_

Plaintiff Signature

X \_\_\_\_\_

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:

\_\_\_\_\_



Plaintiff Information

Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Your SSN: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your address: \_\_\_\_\_

Your employer name and address \_\_\_\_\_

Start date with your employer: \_\_\_\_\_

Verbal language: \_\_\_\_\_

Concern for Violence: Yes No (please circle one)

Request for confidential: Yes No (please circle one)

**DEFENDANT DATA INFORMATION SHEET**

**Complete one for each defendant**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Nicknames/aliases: \_\_\_\_\_

Current Address: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Physical Description: height \_\_\_\_\_ weight \_\_\_\_\_ hair color \_\_\_\_\_

Eye color \_\_\_\_\_ Identifying marks (scars, tattoos, glasses, moustache, and beard)

\*\*\*\*BRING PHOTO OF DEFENDANT\*\*\*\*

Are you married to this defendant ( yes / no ) Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Divorced ( yes / no )

Is defendant married to another party, if yes, please list name of spouse: \_\_\_\_\_  
Defendant's additional children: \_\_\_\_\_

Mother's name of additional children: \_\_\_\_\_

Does defendant have any Other Court Orders for support (where): \_\_\_\_\_

Employer & telephone number: \_\_\_\_\_

Previous employer: \_\_\_\_\_

Criminal History (arrests, prison records, etc.): \_\_\_\_\_  
\_\_\_\_\_

Military record: \_\_\_\_\_

Defendant's Mother's name and address:  
\_\_\_\_\_

Defendant's Father's name and address:  
\_\_\_\_\_

Brother's and Sister's names: \_\_\_\_\_

Hobbies, service organization membership or **any** other location information:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\* Please list each child that you are filing against this defendant for:\*\*\*\*\***

<u>Name</u>	<u>Date of birth</u>	<u>SS#</u>	<u>City and State of birth</u>

Completed by: \_\_\_\_\_