

INSTRUCTIONS
COMPLAINT FOR SUPPORT

Print the Complaint for Support and attached pages.

There are seventeen (17) pages that must be completed and returned to the Domestic Relations Office to file your Complaint for Support.

- Complete **ALL** pages with as much information as possible. If you do not know an answer, write **N/A**. (See below for definition of Plaintiff and Defendant.)
- If your address is to be **CONFIDENTIAL** due to family violence, write **CONFIDENTIAL** on the address lines for Plaintiff and Children on page 1. Enter your address, starting on page 4.
- Signatures are required on the following page numbers: 3, 4, 8, 9, 11, 17, and 18.
If the form is incomplete or not signed in all the required places, the Complaint for Support may be returned for completion.
- Date your Complaint for Support. If an Order is entered, the effective date is the date your Complaint is received in the office.

Plaintiff - the person who files a *complaint* seeking child/spousal support. In child support cases, the *plaintiff* is usually the person with whom the child primarily resides. This person may also be called the *custodial parent* or *obligee*.

Defendant - the person who pays support. This person is also called the *non-custodial parent*, *obligor*, or alleged father.

Provide a copy the following documents:

1. Your valid photo identification.
2. The Social Security cards or numbers for both parents/*parties* and child (ren).
3. Medical insurance cards for both parents/*parties* and child (ren).
4. A photograph of the *defendant*.
5. Birth certificate(s) of the child (ren).
6. Letters from the Defendant admitting to being the father.
7. Marriage license, if married to the *defendant*.
8. Divorce decree, if divorced from the *defendant*.
9. Any Protection from Abuse Order between the *parties*.
10. Any support orders issued in any other state or county.

Once the Complaint for Support is completed, the original and the documents referenced above must be mailed to the Domestic Relation Office. Your Complaint for Support will not be accepted by email or fax.

Mail to: Domestic Relations Office
P.O. Box 1295
Harrisburg, PA 17108

In Person: Human Service Building
25 South Front Street, 8th Floor
Harrisburg

Drop Box: Located on 1st floor

Upon receipt of your Complaint for Support, a Client Services Representative will schedule your case for a conference. You will receive your conference notice through the mail.

In the Court of Common Pleas of Dauphin 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 _____ at _____
 (b) Plaintiff and Defendant were separated on _____
 (c) Plaintiff and/or Defendant filed for divorce _____ at _____
 (d) The docket number for the divorce action is _____
 (e) Plaintiff and Defendant were divorced on _____ at _____
 (f) Address of last marital domicile:

4. Plaintiff and Defendant 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
-------------	-------------------	------------	------------------------------------------------

_____ Residence: _____	_____	_____	_____
---------------------------	-------	-------	-------

_____ Residence: _____	_____	_____	_____
---------------------------	-------	-------	-------



Pg 1

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.

Plaintiff or Attorney for Plaintiff

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.

Plaintiff 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:



Pg. 3

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

Pg 4
Service Type

Form IN-001 12/16
Worker ID



In the Court of Common Pleas of Dauphin County, Pennsylvania

Phone:

Fax:

FOR OFFICE USE ONLY

Plaintiff Name: _____
Defendant Name: _____
Docket Number: _____
PACSES Case Number: _____
Other State ID Number: _____

Intake Information Questionnaire/Data Sheet

(Please print clearly)

DEMOGRAPHICS

PLAINTIFF'S / CARETAKER'S INFORMATION: Relationship to Children: _____

Name (Last, First, Middle) _____

Alias _____ Mother's Name (if not Plaintiff) _____

Address _____

City _____ State _____ Zip Code _____ County _____

Physical Description: Ht. _____ Wt. _____ Eyes _____ Hair _____ Race _____

DOB ____ / ____ / ____ SSN _____

Your Mother's Maiden Name _____

Your Father's Name _____

City, State and Country of Your Birth _____

DEFENDANT'S INFORMATION

Name (Last, First, Middle) _____

Maiden Name/Alias _____

Address _____

City _____ State _____ Zip Code _____ County _____

Physical Description: Ht. _____ Wt. _____ Eyes _____ Hair _____ Race _____

DOB ____ / ____ / ____ SSN _____

Mother's Maiden Name _____

Father's Name _____

City, State and Country of Birth _____



Pg. 5

Service Type

Form IN-002 06/17
Worker ID

CHILDREN'S INFORMATION (Defendant's children only)

1. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

 YES OR NO

Mother's Maiden Name Father's Name

Hospital of Birth City, State and Country of Birth

2. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

 YES OR NO

Mother's Maiden Name Father's Name

Hospital of Birth City, State and Country of Birth

3. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

 YES OR NO

Mother's Maiden Name Father's Name

Hospital of Birth City, State and Country of Birth

4. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

 YES OR NO

Mother's Maiden Name Father's Name

Hospital of Birth City, State and Country of Birth

5. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

 YES OR NO

Mother's Maiden Name Father's Name

Hospital of Birth City, State and Country of Birth

6. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?

 YES OR NO

Mother's Maiden Name Father's Name

Hospital of Birth City, State and Country of Birth

CONTACT INFO

PLAINTIFF'S CONTACT INFORMATION:

Home Phone () _____

Mobile Phone () _____

Business Phone () _____

Email Address _____

DEFENDANT'S CONTACT INFORMATION:

Home Phone () _____

Mobile Phone () _____

Business Phone () _____

Email Address _____

PLAINTIFF'S RELATIVE / FRIEND CONTACT INFORMATION:

Relative or Friend Name _____ Relationship _____

Relative or Friend Address _____

Relative or Friend Phone Number () _____

DEFENDANT'S RELATIVE / FRIEND CONTACT INFORMATION:

Relative or Friend Name _____ Relationship _____

Relative or Friend Address _____

Relative or Friend Phone Number () _____

EMPLOYER INFO

PLAINTIFF'S EMPLOYER INFORMATION:

Employer Name _____ Net Pay \$ _____ per _____

Employer Address _____

Employer Phone () _____

DEFENDANT'S EMPLOYER INFORMATION:

Employer Name _____ Net Pay \$ _____ per _____

Employer Address _____

Employer Phone () _____

ATTORNEY INFO

PLAINTIFF'S ATTORNEY INFORMATION:

Plaintiff's Attorney _____

Plaintiff's Attorney Address _____

DEFENDANT'S ATTORNEY INFORMATION:

Defendant's Attorney _____

Defendant's Attorney Address _____

INSURANCE INFO

PLAINTIFF'S INSURANCE INFORMATION

Medical Insurance Carrier Name _____ Policy # _____

Medical Insurance Carrier Address _____

Carrier Phone () _____



Pg 7

DEFENDANT'S INSURANCE INFORMATION

Medical Insurance Carrier Name _____ Policy # _____

Medical Insurance Carrier Address _____

_____ Carrier Phone () _____

MARITAL / PATERNITY INFO

Marital Status with respect to Defendant: __ Divorced __ Married __ Separated __ Single

Date Married ___ / ___ / ___ Separated ___ / ___ / ___ Divorced ___ / ___ / ___

Place of Marriage _____ Place of Divorce _____

Address of Last Marital Domicile _____

ASSISTANCE/EXISTING SUPPORT ORDER INFORMATION:

Is(Are) the child(ren) a subject of any custody action? Y N

If Yes, list child(ren)'s name(s): _____

Are you receiving cash or medical assistance? Y N Applying? Y N

Are you receiving child care subsidy? Y N

Your Welfare Case # _____

Existing support order: Y N Case # _____ County _____ State _____

Amount for Spouse: \$ _____ Per month

Amount for Child(ren): \$ _____ Per month

Amount for Family (Spouse and Child[ren]): \$ _____ Per month

Do you have any concern for family violence? Y N

Do you have a need to keep your address confidential? Y N

I verify that the statements in this document are true and correct to the best of my knowledge. I understand that any false statement is subject to penalty in 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date

Plaintiff/Caretaker Signature

FOR OFFICE USE ONLY: (Circle correct choice)

BENEFICIARY TYPE: TANF NON-TANF IV-E

FEE PAID: Y N N/A



Pg. 4
Service Type

COURT OF COMMON PLEAS
DOMESTIC RELATIONS SECTION

JEANNINE TURGEON
Judge



KIM S. ROBISON
Director

SHEILA D. BRITT, ESQ.
Assistant Director

Mailing Address:
Dauphin County Court House, Box 1295, Harrisburg, PA 17108

(717) 255-2796
(717) 780-6848 Fax
(717) 780-6849 Fax

**Intake questions in filing for
support and determining long arm**

Please answer the following questions for our office to assist you in filing your case when the Non-Custodial parent resides out of the state of Pennsylvania.

This form is not your application of support, but will help establish the best filing for your case. Upon completion of this application, please return this form to the main waiting room window for discussion.

1. Address of the person against whom you are filing for support?
2. Did you ever file for support in any other State or County? If yes, what state or County, and is your case still open?
3. State in which child(ren) were conceived?
4. State in which child(ren) were born?
5. Address of last marital domicile?
6. Would the Non-Custodial parent be willing to consent to Pennsylvania jurisdiction?
7. Did the Non-Custodial parent sign an Acknowledgement of Paternity in Pennsylvania?
8. Did the Non-Custodial parent reside with the child in Pennsylvania?
9. Did the Non-Custodial parent's actions cause you to move to PA?
10. Are you presently married? If yes, spouse's name _____ marriage date _____

Client Name (Please Print) _____ Date _____

Signature: _____

Social Security no. _____

CS-M04
IF011C

Location: Human Services Building, 25 S. Front Street, 8th Floor, Harrisburg, PA 17101

Pg 9

JEANNINE TURGEON
Judge

COURT OF COMMON PLEAS
DOMESTIC RELATIONS SECTION



KIM S. ROBISON
Director

SHEILA D. BRITT, ESQ.
Assistant Director

Mailing Address:
Dauphin County Court House, Box 1295, Harrisburg, PA 17108

(717) 255-2796
(717) 780-6848 Fax
(717) 780-6849 Fax

INTAKE INTERVIEW DISCLOSURE AND CONSENT FORM

1. The Client Service Representative explained and I understand that local filing of support cases is preferable because that means that all court proceedings will be conducted in this county. However, I understand that if I file locally and if the Domestic Relations Section (DRS) is unable to serve via regular mail or personal service to the non custodial parent the case must be re-filed under the Uniform Interstate Family Support Act (UIFSA). If re-filing under UIFSA is necessary, every effort will be made to protect the original filing date, but some time will be lost toward the goal of establishing an order.
2. The Client Service Representative explained and I understand that if I file my action under UIFSA to the non custodial parent's Domestic Relations Office, all proceedings will be conducted there, the support order will be entered and enforced there, and my local DRS will be the facilitating state.
3. The Client Service Representative explained and I understand that if I file my action under UIFSA to the non-custodial parent's DRS, the non-custodial parent's county court will provide services to me, when appropriate. Example: telephone conference.
4. The Client Service Representative explained and I understand that if I file my action under UIFSA to the non-custodial parent's DRS, I may be required to submit additional information to the non-custodial parent's DRS, and I agree to respond fully and promptly.
5. The Client Service Representative explained t and I understand that if I file my action under UIFSA to the non-custodial parent's DRS and an Order is established in the non-custodial parent's DRS, I will be dealing directly by phone or by mail with my County DRS staff regarding collections and enforcement. I further understand that I can continue to file action(s) to the non-custodial parent's DRS, or obtain information through my local DRS.
6. The Client Service Representative explained and I understand "Long Arm" process which governs circumstances that allow extended jurisdiction over non-residents of Pennsylvania, such as:
 - a. The non-custodial parent willing to consent to Pennsylvania jurisdiction
 - b. The non-custodial parent lived with the child in Pennsylvania
 - c. The non-custodial parent lived in Pennsylvania and provided prenatal expenses or support for child
 - d. Child conceived in Pennsylvania
 - e. Personal service of non-custodial parent within Pennsylvania
 - f. The non-custodial parent signed the DPW PA/CS 611 form (Acknowledgment of Paternity) in PA

CS-M05 (1 of 2)
IF521C

Pg 10

Location: Human Services Building, 25 S. Front Street, 8th Floor, Harrisburg, PA 17101

INTAKE INTERVIEW DISCLOSURE AND CONSENT FORM

Please initial and sign the below question regarding your intake interview held in the Domestic Relations Office with my Client Service Unit Representative.

I have had the above conditions explained to me and wish to:

_____ **File Locally**
(client initials)

_____ **File UIFSA**

Client Name (Please Print)

Date

Signature

Social Security No.

Client Service Representative (Please Print)

Date

CS-M05 (2 of 2)
IF521C

Pg 11

In the Court of Common Pleas of Dauphin County, Pennsylvania

Phone:

Fax:

Plaintiff Name:
Defendant Name:
Defendant Member ID:
PACSES Case Number:
Defendant's Aliases:

*** All about the person you will file against.*

Parent Locate Questionnaire

We are trying to locate _____ . Please answer all questions for which you have any information about this individual. You may skip sections you know do not apply (e.g., military).

Personal:

1. Other names used (nicknames, aliases, maiden name) if different from those listed above:

2. Social Security Number: _____

3. Date of birth: _____

4. Place of birth: City _____ County _____
State _____ Country _____

5. Mother's Maiden Name: _____

Mother's Current Address: _____

Father's Name: _____

Father's Current Address: _____

6. Physical description: Height _____ Weight _____ Identifying Marks _____

Race: W B H I A X

Race: W = White, B = Black, H = Hispanic, I = American Indian, Eskimo or Aleutian, A = Asian or Pacific Islander, X = Other

Hair Color: BD BL BK BN RD GY OT

Hair Color: BD = Bald, BL = Blond, BK = Black, BN = Brown, RD = Red, GY = Gray, OT = Other

Eye Color: BU BN DK GN GY HZ OT

Eye Color: BU = Blue, BN = Brown, DK = Dark, GN = Green, GY = Gray, HZ = Hazel, OT = Other

7a. Last known address and when lived there:

Street/Apt./Route _____

City _____ State _____ Zip code _____

Telephone Number: Area Code _____ Number _____

Month _____ Year _____



Ag 12

Service Type

7b. Name(s) and relationship(s) of other current member(s) of household:

<u>Name</u>	<u>Relationship</u>	<u>Social Security No.</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7c. Who paid rent: _____

8. Is defendant self-employed: _____ Yes _____ No
If yes, provide name and address of company: _____

9. When was the last time you saw the defendant? (month/year, where, explain):

10. Has defendant remarried: _____ Yes _____ No
If yes, provide present spouse's maiden name: _____

11. If defendant is supporting anyone else (e.g., parents, relatives, children) provide name(s), relationship(s), and address(es) of those receiving support:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. If defendant is receiving child support, provide name and address of child support office where defendant receives support: _____

13. Name and address of the school or college the defendant last attended: _____

Is the defendant still a student there (Y/N): _____
Year graduated or anticipated year of graduation: _____

14. Provide names of groups, organizations, or clubs to which the defendant belongs: _____

15. Names and addresses of places that defendant frequents: _____



16. Driver's license number: State _____ Number _____

Date issued: _____

17. Are any agencies or organizations trying to locate the defendant (Y/N): _____

If so, provide the name, address and telephone number of the agency(ies): _____

Assets: Please answer the following questions about the defendant's assets:

18. If defendant owns car(s), provide year, make and model: _____

19. Car license plate number and state where issued: _____

20. Name(s) of bank(s) where defendant has checking, or savings account, or charge cards:

21. If defendant owns stocks or securities, please describe: _____

22. If defendant has department store charge accounts, provide store name, address and account number:

23. If defendant has real estate, provide address and assessed value of property: _____

24. Name and address of mortgage carrier: _____

25. If defendant has insurance policy(ies), please supply name of insurance company, type of policy, and policy number: _____

26. If defendant has outstanding debts, please supply name of creditor, type of debt and amount owed: _____

27. Does the defendant receive any income other than wages such as Unemployment Compensation, Worker's Compensation, Social Security disability, etc.?

What is the source of the income: _____

Where does the defendant receive it: _____

When does the defendant receive it: _____



Employment: Please answer the following questions about the defendant's employment:

28. Name and address of last employer and/or previous employer(s) Rate of Pay

_____	_____
_____	_____
_____	_____
_____	_____

29. Is medical insurance provided (Y/N): ____ If so, are dependents covered (Y/N): ____

Name and address of medical insurance carrier: _____

Medical coverage plan information:

Group #: _____ Policy #: _____

Individual(s) named: _____

Dates of coverage (policy begin date and policy end date):

30. If defendant is not employed, when did employment terminate: _____

Reason for termination: _____

Does the defendant have a professional license (Y/N): ____

If yes, what type of license and what is the license number? _____

If defendant was on welfare within the past three (3) years, list when (month/year) and where (state): _____

If the defendant received unemployment compensation within the past three (3) years, list when (month/year) and where (state): _____

If the defendant received workers compensation within the past three (3) years, list when (month/year) and where (state): _____

31. Has the defendant been on disability within the past three (3) years (Y/N): _____

If so, provide the date of the accident: _____

Where receiving disability: _____

Identification/policy numbers: _____

Name and address of the disability carrier: _____



Employment (continued):

32. If defendant is a union member, provide name and address of the union:

Military: If the defendant has served in the military, please answer the following:

33. Provide years and branch of armed forces: _____

34. Where last stationed (include present address): _____

35. Is there an allotment (Y/N): _____ If so, provide monthly amount: _____

36. Is the defendant receiving disability (Y/N): _____
If so, provide monthly amount: _____

37. Date of enlistment: _____

38. Present rank and grade: _____

39. Date and type of discharge: _____

40. Type of benefits (e.g., VA - GI Bill) and amount of compensation for benefits: _____

41. Serial number: _____

Law Enforcement: If the defendant has been arrested, please answer the following:

42. If the defendant was arrested within the past five (5) years provide date (month/year) location (city/state) _____

43. If the defendant was on probation and/or parole, provide:

Name of probation/parole officer: _____

Address of probation/parole officer: _____

Telephone number of probation/parole officer: _____

Date of next scheduled probation/parole appointment: _____

Law Enforcement (continued):

44. Are there any active arrest warrants or bench warrants for the defendant (Y/N): _____
If so, provide the name of the jurisdiction (city/county/state) looking for defendant:

45. Is the defendant presently in prison (Y/N): _____ If the defendant has been in a
prison within the past two (2) years, provide the name and address of the prison:

The statements contained herein are true to the best of the information, knowledge and belief of the undersigned and that the statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to falsification to authorities.

Your signature

Date

Home Telephone Number

Work Telephone Number

Please return this completed document along with a recent photograph of the defendant to:
COUNTY

Sincerely,



Pg 17
Service Type

_____ : IN THE COURT OF COMMON PLEAS
 Plaintiff : DAUPHIN COUNTY, PENNSYLVANIA
 :
 v. : NO. _____
 :
 _____ : CIVIL ACTION - LAW
 Defendant

PRIOR COURT INVOLVEMENT STATEMENT

The following lists all cases involving one or more of the same parties and indicates if a prior matter involved a Conference or a Contested Hearing before a Judge or if an agreed order was entered.

Check all that Apply	Action	Docket Number	Judge	Contested Hearing or Pretrial Conference	Agreement Reached and No Hearing Before a Judge Required
<input type="checkbox"/>	Custody				
<input type="checkbox"/>	Divorce				
<input type="checkbox"/>	Support or APL				
<input type="checkbox"/>	Paternity				
<input type="checkbox"/>	PFA				
<input type="checkbox"/>	This is the first Family Law Matter Filed in Dauphin County involving the above-captioned parties and children.				

Date

Signature (Your Signature)

Name (Print your Name)

CERTIFICATION

I, _____, certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Date _____

Signature _____

Ag 18