

## Instructions for completing the complaint for support packet

1. You are the plaintiff. The party that you are filing against is the defendant.
2. Please complete the entire packet.
3. Please make sure that you list who you are seeking support for you (list each party's name) on question #5 of the complaint for support.
4. Please make sure that you sign and date the third page of the complaint (2 places) and that you sign and date the application for support services where there is an X.
5. The completed packet may be mailed to: Lancaster County DRS, PO Box 83479, Lancaster PA 17608-3479 or you may scan/email the packet to: [LancoIntake@Pacses.com](mailto:LancoIntake@Pacses.com) or you may fax it to 717-293-7270.
6. If you have any questions on how to complete the forms, please call the office at 717-299-8141, press 1 then 0 and speak with a customer service representative or you may email your questions to: [LancoIntake@Pacses.com](mailto:LancoIntake@Pacses.com)
7. You will be contacted regarding your filing. If you do not receive a phone call or email in response to your filing, please call 717-299-8141.

Thank you.

**In the Court of Common Pleas of Lancaster County**

**DOMESTIC RELATIONS SECTION**

150 NORTH QUEEN STREET, SUITE 220, PO BOX 83479, LANCASTER, PA 17608-3479

**Phone:** (717) 299-8141

**Fax:** (717) 295-3513

**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 Lancaster County Domestic Relations.**

\_\_\_\_\_  
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

Form IN-001 07/15

Worker ID

In the Court of Common Pleas of Lancaster County, Pennsylvania

vs. Plaintiff ) Docket Number:
)
) PACSES Case Number:
)
Defendant ) 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:

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.

\_\_\_\_\_  
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:

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

# Intake Information Questionnaire/Data Sheet

## Plaintiff/Caretaker Information

Your Name: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ Alias/Maiden Name: \_\_\_\_\_

Your SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Your date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Physical Description: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes. \_\_\_\_\_ Hair. \_\_\_\_\_ Race \_\_\_\_\_

Your City and State of Birth: \_\_\_\_\_

Your Mother's Maiden Name \_\_\_\_\_ Your Father's Name \_\_\_\_\_

Your phone number: \_\_\_\_\_ Your email address: \_\_\_\_\_

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

Your Employer name \_\_\_\_\_

Employer address \_\_\_\_\_

Employer Phone Number \_\_\_\_\_ Start date with your employer: \_\_\_\_\_

## Marital/ Paternity Info

Marital status with respect to Defendant

Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_ City/State of Marriage \_\_\_\_\_

Date of Separation \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Last Marital Domicile \_\_\_\_\_

Date of Divorce \_\_\_\_/\_\_\_\_/\_\_\_\_ City/State of Divorce \_\_\_\_\_

Concern for Violence/PFA:

Request for confidential:

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Defendant's Information**

Name \_\_\_\_\_ Maiden Name/Alias \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Defendant's Address: \_\_\_\_\_

Physical Description: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes. \_\_\_\_\_ Hair. \_\_\_\_\_ Race \_\_\_\_\_

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

Defendant's City and State of Birth: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Employer name \_\_\_\_\_

Employer address \_\_\_\_\_

Employer Phone Number \_\_\_\_\_ Start date with employer: \_\_\_\_\_

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

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): \_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

**Children's Information (Please list each child that you are filing against this defendant for)**

First Child's Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

City and State of Birth \_\_\_\_\_ Hospital of Birth \_\_\_\_\_

Biological/Adoptive Mother's Name \_\_\_\_\_

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Second Child's Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

City and State of Birth \_\_\_\_\_ Hospital of Birth \_\_\_\_\_

Biological/Adoptive Mother's Name \_\_\_\_\_

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Third Child's Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

City and State of Birth \_\_\_\_\_ Hospital of Birth \_\_\_\_\_

Biological/Adoptive Mother's Name \_\_\_\_\_

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Fourth Child's Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

City and State of Birth \_\_\_\_\_ Hospital of Birth \_\_\_\_\_

Biological/Adoptive Mother's Name \_\_\_\_\_

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Fifth Child's Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

City and State of Birth \_\_\_\_\_ Hospital of Birth \_\_\_\_\_

Biological/Adoptive Mother's Name \_\_\_\_\_