

Instructions for completing the petition for modification of an existing support order

1. 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>
2. 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."
3. Once done, save or download a copy.
4. Email the file to LancoIntake@pacses.com
5. 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, Pennsylvania
DOMESTIC RELATIONS SECTION**

Plaintiff	Docket Number
vs.	PACSES Case Number
Defendant	Other State ID Number

**PETITION FOR MODIFICATION
OF AN EXISTING SUPPORT ORDER**

1. The petition of _____ respectfully represents that
on _____, an Order of Court was entered for the support of

A true and correct copy of the order is attached to this petition.

vs.

PACSES CASE NUMBER:

2. Petitioner is entitled to increase decrease termination reinstatement
other of this Order because of the following material and substantial change(s) in
circumstance

Reason for request:

WHEREFORE, Petitioner requests that the Court modify the existing order for support.

Petitioner

Attorney for Petitioner

I verify that the statements made in this complaint are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date

Petitioner

CONFERENCE INFORMATION SHEET

CASE NUMBER: _____

DATE: _____

DEFENDANT

NAME _____
ADDRESS _____
TELEPHONE # _____
EMAIL ADDRESS _____
SOCIAL SECURITY # _____
DATE OF BIRTH _____
EMPLOYER NAME _____
EMPLOYER ADDRESS _____
EMPLOYER TELEPHONE # _____
ATTORNEY (filing party only): _____
ATTORNEY TELEPHONE NUMBER _____

PLAINTIFF

NAME _____
ADDRESS _____
TELEPHONE # _____
EMAIL ADDRESS _____
SOCIAL SECURITY # _____
DATE OF BIRTH _____
EMPLOYER NAME _____
EMPLOYER ADDRESS _____
EMPLOYER TELEPHONE # _____
ATTORNEY (filing party only): _____
ATTORNEY TELEPHONE NUMBER _____

ADDITIONAL INFORMATION

MODIFICATION PETITION FILED BY: _____
REASON MODIFICATION PETITION FILED: _____

