

LANCASTER COUNTY DOMESTIC RELATIONS SECTION
REQUEST FOR CASE SEARCH TO IDENTIFY OVERDUE SUPPORT

1. Date of Request: _____
2. Name, address, and telephone number of attorney, title insurance company, or closing agent making request:

3. Full name, including middle initial, and address of individual for whom search is requested:

4. Identifying data of individual. Must include social security number and date of birth:

5. Completed certification to be (choose one):

Picked up _____ Returned using the enclosed stamped address envelope _____

WRITTEN REQUESTS MAY BE MAILED OR DELIVERED TO DRS AT 150 N QUEEN ST, STE 220, P.O. BOX 83479, LANCASTER, PA 17608-3479 ALONG WITH A STAMPED SELF ADDRESSED ENVELOPE FOR ITS RETURN.

FAXED REQUESTS WILL BE RECEIVED AT 717-293-7270 AND WILL BE AVAILABLE FOR PICKUP WHEN READY. PLEASE ALLOW AT LEAST 48 HOURS FOR COMPLETION.

PAYMENT OF LIENS MAY BE MAILED TO: **Lancaster County Domestic Relations Section**
150 N Queen St, Ste 220
P.O. Box 83479
Lancaster, PA 17608-3479

THIS SECTION TO BE COMPLETED BY DOMESTIC RELATIONS:

_____ We have no record of any case with the above named individual as a DRS obligor.

_____ Individual has no overdue support as of _____.

_____ Individual owes overdue support in the amount of \$ _____ as of _____ for case number _____ (docket number _____).

Amount of Support Order is \$ _____ per _____.

Completed by: _____ Title _____ Date: _____