

Phone:

Fax:

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

Please note: All correspondence must include the PACSES Case Number.

Summary of Additional Expenses

The following bill(s) has/have been sent to _____ and he/she has failed to pay it/them as ordered. Copies of the bill(s) are attached.

WE WILL NOT ACCEPT JUST A STATEMENT WITH A BALANCE. IT MUST BE ACCOMPANIED BY A COPY OF THE ORIGINAL BILL(S) AND A COPY OF THE RECEIPT(S). DOCUMENTATION OF ADDITIONAL EXPENSES MUST BE PROVIDED TO THE OTHER PARTY NO LATER THAN MARCH 31ST OF THE YEAR FOLLOWING THE CALENDAR YEAR IN WHICH THE EXPENSE WAS INCURRED.

Expense Type (e.g. tuition, summer camp, additional expenses.)	Payable To	For (Name of Dependent Child)	Amount Paid by Party	Balance Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I verify that the statements made are true and correct to the best of my knowledge. I understand that false statements herein are made to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Date

Signature

