

IN THE COURT OF COMMON PLEAS OF LEBANON COUNTY  
PENNSYLVANIA  
Family Division—Domestic Relations Section

Plaintiff	:	
	:	
v.	:	No: _____
	:	
Defendant	:	
	:	Contempt Proceeding

**FAMILY SUPPORT ABILITY TO PAY DECLARATION**

**Instructions:** You must answer all of these questions and you will be expected to testify about your answers under oath. Providing *false* answers may be grounds for criminal prosecution and potential incarceration for perjury and/or unsworn falsification to authorities. Providing *incomplete* answers may be held against you and damage your case.

You should also be prepared to show documentation supporting your answers, including but not limited to pay advices or income records, your most recent tax return, award letters or benefit confirmations from the Social Security Administration or the Pennsylvania Department of Human Services, real estate tax bills, bank statements, investment statements, and receipts or invoices for any claimed expenses.

If you have any medical disability that affects your ability to work, you must obtain a Physician’s Verification Form from the Domestic Relations Office, have it signed by your physician or provider, and return it to the Domestic Relations Office or bring it to court with you. Your own testimony about a disability, without corroboration, will not be enough to establish that you are disabled.

“Household members” means people who live with you and with whom you share at least some household expenses, whether or not you are married or related by blood.

Your hearing is scheduled for: \_\_\_\_\_ at \_\_\_\_\_m in Courtroom 3. You have a right to call witnesses regarding your ability to pay at this hearing. If you fail to appear a bench warrant for your arrest will likely be issued and the failure to appear may be deemed a *separate* contempt as provided by 23 Pa.C.S. § 4344.

**I. Personal Information**

Your name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Spouse's name if applicable: \_\_\_\_\_

List all of *your* children (Name, Date of Birth, Address):

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

Any other household members not listed above (Name, Relationship)

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

Highest level of education achieved: \_\_\_\_\_

List all licenses or certifications you have; provide the date the license needs to be renewed, if applicable: \_\_\_\_\_

\_\_\_\_\_

**II. Current Work**

Name & Address of all individuals or entities with whom you have an employment and/or an independent contractor relationship:

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

Is this job through a temporary agency? \_\_\_\_\_

If yes, is direct hire by the company a possibility? \_\_\_\_\_

Length of time at this job: \_\_\_\_\_

Supervisor's Name & Telephone No.: \_\_\_\_\_

Earnings/Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_

No. of hours worked each week: \_\_\_\_\_

**III. Past Work**—list all employers or independent contractor relationships you have had within past 2 years (Attach additional pages if necessary)

Name & Address of Employer/Contractor \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_

Supervisor's Name & Telephone No.: \_\_\_\_\_

Earnings/Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name & Address of Employer/Contractor \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_

Supervisor's Name & Telephone No.: \_\_\_\_\_

Earnings/Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name & Address of Employer/Contractor \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor's Name & Telephone No.: \_\_\_\_\_

Earnings/Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**IV. All Sources of Household Income**—in addition to that listed in II above, please identify:

1. Regular income—include ALL income, whether or not it is taxable—available or payable to any adult members of the household with whom you regularly share expenses. If the income is not yours, indicate “whose” in the column on the right.

		Whose?
Secondary job and/or business	\$ _____ per _____	_____
Spouse’s or partner’s employment earnings:	\$ _____ per _____	_____
Cash assistance via County Assistance Office	\$ _____ per month	_____
Cash assistance from private sources	\$ _____ per _____	_____
Unemployment compensation	\$ _____ per week	_____
Worker’s compensation	\$ _____ per week	_____
Military benefits	\$ _____ per month	_____
Pension/annuity payments	\$ _____ per _____	_____
Rental income (explain further in Section V)	\$ _____ per _____	_____
Other investment income	\$ _____ per _____	_____
Social Security and/or SSI	\$ _____ per month	_____
Beneficiary: _____ Payee: _____		
Veteran’s Affairs payments ( _____ % disability)	\$ _____ per month	_____
Child or spousal support received	\$ _____ per _____	_____

2. If any of these sources of income are temporary, please explain and provide the date when the income started and when it will stop being available:

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3. Have you received within the last 18 months or do you expect to receive within the next 6 months, any lump sum of money not described above, specifically including, but not limited to, personal injury settlements, worker’s compensation lump sums, sale of real estate, inheritances, gifts, or lottery winnings? Provide the amount, expected or actual payment date, and if applicable the name of any lawyer involved.

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**V. Assets**

1. Do you own real estate either alone or together with any other person? Yes/No

Address of Real Estate: \_\_\_\_\_  
\_\_\_\_\_

Names of All Title Owners: \_\_\_\_\_

When Purchased: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Current Assessed Value: \_\_\_\_\_

Total amount of any liens or mortgages: \_\_\_\_\_

Address of Real Estate: \_\_\_\_\_  
\_\_\_\_\_

Names of All Title Owners: \_\_\_\_\_

When Purchased: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Current Assessed Value: \_\_\_\_\_

Total amount of any liens or mortgages: \_\_\_\_\_

2. If you have any rental income listed in Section IV above, state what property it applies to, the term of the lease (if applicable), the amount and frequency of rent payments, and any utilities, maintenance, or other expenses that you must cover under the lease:

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

3. Do you own motor vehicles either alone or together with any other person? Yes/No  
If "Yes," describe them below.

Make, Model & Year	Title Owner(s) of Vehicle
_____	_____
_____	_____
_____	_____

Are any of these vehicles subject to liens? \_\_\_\_\_

Amounts of liens: \_\_\_\_\_

4. List any item of personal property you own that either is or could be held as investment (such as guns, antiques, collectibles, and the like), and provide the date of purchase and the estimated value for each. If the item is co-owned with someone else, so note. If you intend to sell the item, you must list it here.

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5. Investments and Intangible Property

- a. Stocks, Bonds, Mutual Funds (provide general description, estimated value):

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- b. Bank Accounts (Checking & Savings) (name of bank, current balance):

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- c. Cash on Hand:

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- d. Other Accounts (including IRAs, § 401(k) plans, or insurance with cash value). If there are restrictions on accessing these assets, so note.

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**VI. Discretionary Expenditures**

1. Have you taken any vacations within past eighteen (18) months? Yes/No  
If "Yes," where and for how long? \_\_\_\_\_  
What was the total cost? \_\_\_\_\_. Did anyone help you pay for it? Yes/No  
How much was paid on your behalf? \_\_\_\_\_
2. Have you given any money or property to any individual or entity within the past eighteen (18) months. If so, state:

Names of recipients	Amounts of gifts	Dates of gifts
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

3. How much have you spent in the last 6 months on the following:

Clothing? \$ \_\_\_\_\_  
Tattoos and jewelry? \$ \_\_\_\_\_  
Haircuts, nails, other similar services? \$ \_\_\_\_\_  
Restaurant meals? \$ \_\_\_\_\_  
Hobbies? \$ \_\_\_\_\_

**VII. Other Court-Ordered Payments**

If you have any other Court-ordered debts, state for each account the nature of the debt (e.g. other support orders, restitution, fines and costs), the court and docket number, and the amount you are required to pay on each debt per month:

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

**VERIFICATION**

I hereby declare that all of the information set forth above is true and accurate. I make this declaration subject to penalties prescribed by law for unsworn falsification to authorities.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date