



LEBANON COUNTY DOMESTIC RELATIONS SECTION

Michael L. Anderson, Director
Court of Common Pleas of Lebanon County
400 S. 8th Street, Room 202
Lebanon, PA 17042
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cs-lebanon@pacses.com

Pennsylvania Child Support Enforcement Program

Child support is money a parent pays to help provide for his/her child. A person seeking support may also seek spousal support (if still married) or alimony pendente lite (if a divorce has been filed). In order to receive support, a Complaint for Support must be completed and provided to the Domestic Relations Office.

Please Note: The Lebanon County Domestic Relations Section does NOT handle custody.

Important Information for completing the attached documents

Parties to the Case

Plaintiff: Parent or Caretaker/Custodian seeking to receive support (this is you)

Defendant: Person who pays support or from whom support is requested

Paternity:

If you were married at the time the child was born:

- Pennsylvania law presumes that the husband is the father of any child born during a marriage.

If you were NOT married at the time the child was born:

- Paternity is established if both parties signed an Acknowledgement of Paternity Form for the child(ren) and this was filed through the state
- Paternity is established if there is an order naming the legal father of the child (such as adoption, etc.)

If you were NOT married at the time the child was born and an Acknowledgement of Paternity Form was NOT completed and there is NOT an order naming a legal father of the child:

- Paternity has not been established. The Defendant will be given the opportunity at the conference to sign an Acknowledgement of Paternity or request Genetic Testing.

Attached Documents

Application for Child or Spousal Support Services: This form is to request a new support case. You are the applicant. The other party is whom you are seeking support from. Please sign at Applicant Signature.

Complaint for Support: This form is a legal request for establishment of a support order. You are the plaintiff. The defendant is whom you are seeking support from. Please complete as much of this form as possible.

- On page 2 under statement number 5, please make sure you list who you are seeking support for – include yourself if you are seeking spousal support or alimony pendente lite.
- On page 3, please make sure you sign on BOTH signature lines.

Intake Information Questionnaire/Data Sheet: Please complete as much of this form as possible. There are three sections - Plaintiff/Caretaker Information, Children's Information and Defendant's Information. On page 4, please sign and date the document.

Should you have any questions, please contact our office by telephone at (717) 228-4480 or by email at CS-Lebanon@PACSES.com

In the Court of Common Pleas of LEBANON County, Pennsylvania

Phone: 717-228-4480

Fax: 717-274-8358

Application for Child or Spousal Support Services

(Please print clearly)

Name of applicant

[Redacted]

Social Security Number (SSN)

Name of other party

[Redacted]

I request child/spousal support services under Title IV-D of the Social Security Act, as amended, from _____ County Domestic Relations Section.

[Redacted]

Applicant Signature

[Redacted]

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 12/16

Worker ID



In the Court of Common Pleas of **LEBANON** County, Pennsylvania



vs.

[Redacted]

Plaintiff

[Redacted]

Defendant

) Docket Number:

)

) PACSES Case Number:

)

) Other State ID Number:

Complaint for Child Support Spousal Support Alimony Pendente Lite

New Complaint

Amended Complaint

1. Plaintiff resides at

[Redacted]

[Redacted] County.

Plaintiff's date of birth is [Redacted]

2. Defendant resides at

[Redacted]

[Redacted] County.

Defendant's date of birth is [Redacted]

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:

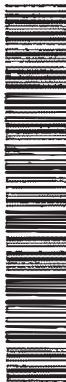
4. Plaintiff and Defendant are the parents of the following children:

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Born of the Marriage</u> Y = Yes, N = No
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[Redacted]	[Redacted]	[Redacted]	[Redacted]
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Residence: [Redacted]

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:



v.

PACSES Case Number:

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:



In the Court of Common Pleas of **LEBANON** County, Pennsylvania

Phone: 717-228-4480

Fax: 717-274-8358

FOR OFFICE USE ONLY

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

Intake Information Questionnaire/Data Sheet

(Please print clearly)

PLAINTIFF'S/CARETAKER'S INFORMATION

Relationship to Children: _____

Name (Last, First, Middle) _____

Alias _____ Mother's Name (if not Plaintiff) _____

Address _____

City _____ State _____ Zip Code _____ County _____

Physical Description: Ht. _____ Wt. _____ Eyes _____ Hair _____ Race _____

Home Phone () _____ SSN _____

Business Phone () _____ DOB / / _____

Mobile Phone () _____

Email Address _____

Mother's Maiden Name _____

Father's Name _____

City, State and Country of Birth _____

Plaintiff's Attorney _____

Plaintiff's Attorney Address _____

Employer Name _____ Net Pay \$ _____ per _____

Employer Address _____

Employer Phone () _____

Medical Insurance Carrier Name _____ Policy # _____

Medical Insurance Carrier Address _____

Carrier Phone () _____

Marital Status with respect to Defendant: Divorced Married Separated Single

Date Married / / Separated / / Divorced / /

Place of Marriage _____ Place of Divorce _____

Address of Last Marital Domicile _____



Service Type

Form IN-002 07/15

Worker ID



PLAINTIFF'S/CARETAKER'S INFORMATION (continued)

Relative or Friend Name _____ Relationship _____

Relative or Friend Address _____

Relative or Friend Phone Number (____) _____

CHILDREN'S INFORMATION (Defendant's children only)

<u>1. NAME (Last, First, Middle)</u>	<u>SSN</u>	<u>DOB</u>	<u>AGE</u>	<u>SEX</u>	<u>PATERNITY ESTABLISHED?</u>
_____	_____	_____	_____	_____	YES OR NO

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____

<u>2. NAME (Last, First, Middle)</u>	<u>SSN</u>	<u>DOB</u>	<u>AGE</u>	<u>SEX</u>	<u>PATERNITY ESTABLISHED?</u>
_____	_____	_____	_____	_____	YES OR NO

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____

<u>3. NAME (Last, First, Middle)</u>	<u>SSN</u>	<u>DOB</u>	<u>AGE</u>	<u>SEX</u>	<u>PATERNITY ESTABLISHED?</u>
_____	_____	_____	_____	_____	YES OR NO

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____

<u>4. NAME (Last, First, Middle)</u>	<u>SSN</u>	<u>DOB</u>	<u>AGE</u>	<u>SEX</u>	<u>PATERNITY ESTABLISHED?</u>
_____	_____	_____	_____	_____	YES OR NO

Mother's Maiden Name _____ Father's Name _____

Hospital of Birth _____ City, State and Country of Birth _____



Intake Information Questionnaire/Data Sheet

CHILDREN'S INFORMATION (Continued)

5. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?
_____ _____ _____ _____ _____ YES OR NO

Mother's Maiden Name Father's Name
_____ _____

Hospital of Birth City, State and Country of Birth
_____ _____

6. NAME (Last, First, Middle) SSN DOB AGE SEX PATERNITY ESTABLISHED?
_____ _____ _____ _____ _____ YES OR NO

Mother's Maiden Name Father's Name
_____ _____

Hospital of Birth City, State and Country of Birth
_____ _____

DEFENDANT'S INFORMATION

Name (Last, First, Middle) _____
Maiden Name/Alias _____
Address _____

City _____ State _____ Zip Code _____ County _____

Physical Description: Ht. _____ Wt. _____ Eyes _____ Hair _____ Race _____

Home Phone () _____ SSN _____
Business Phone () _____ DOB ____ / ____ / ____
Mobile Phone () _____

Email Address _____

Mother's Maiden Name _____
Father's Name _____
City, State and Country of Birth _____

Defendant's Attorney _____
Defendant's Attorney Address _____

Employer Name _____ Net Pay \$ _____ per
Employer Address _____
Employer Phone () _____



Intake Information Questionnaire/Data Sheet

DEFENDANT'S INFORMATION (continued)

Medical Insurance Carrier Name _____ Policy # _____

Medical Insurance Carrier Address _____

Carrier Phone (____) _____

Relative or Friend Name _____ Relationship _____

Relative or Friend Address _____

Relative or Friend Phone Number (____) _____

ASSISTANCE/EXISTING SUPPORT ORDER INFORMATION:

Is(Are) the child(ren) a subject of any custody action? Y N

If Yes, list child(ren)'s name(s): _____

Are you receiving cash or medical assistance? Y N Applying? Y N

Are you receiving child care subsidy? Y N

Your Welfare Case # _____

Existing support order: Y N Case # _____ County _____ State _____

Amount for Spouse: \$ _____ Per month

Amount for Child(ren): \$ _____ Per month

Amount for Family (Spouse and Child[ren]): \$ _____ Per month

I verify that the statements in this document are true and correct to the best of my knowledge. I understand that any false statement is subject to penalty in 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date

Plaintiff/Caretaker Signature

FOR OFFICE USE ONLY: (Circle correct choice)

BENEFICIARY TYPE: TANF NON-TANF IV-E

FEE PAID: Y N N/A

