

HOW TO FILE FOR SUPPORT

JUDGE HENRY S. KENDERDINE, JR.

Court Self Help
Center



Lancaster County

COURT SELF HELP CENTER

DISCLAIMER

Neither the staff in the Center nor the staff in any Court office will be able to give you legal advice or help you fill out/complete the forms. The information in the packets is not to be a substitute for professional legal advice. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. If you want to obtain the services of an attorney but do not know whom to contact, you may call the Lawyer Referral Service at 393-0737.

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COURT SELF HELP CENTER

GENERAL SUPPORT SERVICES INFORMATION

Domestic Relations (DRS) is the provider of child support services in Lancaster County under the federal child support program (Title IV-D). Services include:

- Filing services for child support, spousal support and/or alimony *pendente lite*
- Filing to establish Paternity and/or Support or for modification of an existing Order
- Enforcement of the financial and medical provisions of support orders
- Recovery of support overpayments

All actions related to support are filed and administered in the Domestic Relations office. Actions can be filed by an attorney on behalf of a client, by a self-represented party or with the assistance of DRS staff.

Many of the tasks that you will need to accomplish as a self-represented party may be completed by communicating with Domestic Relations. Please note that as a self-represented party, you will be responsible for following the Rules of Civil Procedure in all aspects of the support action. Self-representation shall not delay any stage of the support proceedings.

This packet provides information about the various processes related to filing, establishing and enforcing a support action. It is not intended as a substitute for professional legal advice.

If you feel that you need to retain an attorney, you may contact the Lawyer Referral Service of the Lancaster Bar Association at 717-393-0737. In limited situations Domestic Relations may provide legal services.

General information regarding the Pennsylvania Child Support Program can be found at www.childsupport.state.pa.us or by calling the PA Child Support Helpline at 1-800-932-0211. DRS employees will also provide general information to the public about the PA Child Support Program and the services offered by DRS. However, employees are not permitted to provide legal advice. Legal questions about paternity or support matters should be directed to an attorney.

If you have an existing support case in DRS, you can register on the state child support website (www.childsupport.state.pa.us) to obtain specific information about your support case including payment information and/or to report changes in your personal contact information such as address or employer. You can choose to receive email and/or text message notifications for payments received and scheduled appointments. This information can also be obtained by calling DRS Customer Service weekdays at 717-299-8141.

CONTACT INFORMATION

Domestic Relations is located at: 150 N. Queen Street, Suite 220, Lancaster, PA

Mailing address is: P.O. Box 83479, Lancaster, PA 17608-3479

Domestic Relations' business hours: weekdays from 8:30 a.m. until 5:00 p.m.

Domestic Relations telephone: 717-299-8141

Domestic Relations fax: 717-295-3513 or 717-293-7270

Domestic Relations email addresses: DROGEN@co.lancaster.pa.us
DROCONF@co.lancaster.pa.us
DROCMSU@co.lancaster.pa.us

FORMS

- The sample forms which are included within the Appendix of this Support Packet are also available on the child support website: www.childsupport.state.pa.us or by contacting the Domestic Relations office via any above provided contact information.

*The sample forms included in the Appendix may be used for purposes of filing an action at Domestic Relations.

LEGAL REFERENCES

- Title 23 Pennsylvania Consolidated Statutes Section 4301 et al
- Pennsylvania Rules of Civil Procedure 1910.1 et al and 1930.1 et al

DEFINITIONS

"Complaint" is a form filed with Domestic Relations to initiate a support/paternity action.

"Conference Officer" is the person employed at Domestic Relations who conducts an office conference.

"Defendant/Obligor/Payor" is the person who pays support.

"De Novo" Hearing. A de novo support hearing refers to a hearing conducted by a Common Pleas Court Judge. The Judge will hear testimony and receive evidence during the hearing and will issue a final order to resolve any factual or legal issues in dispute. These hearings are scheduled when one or both parties filed a written demand for hearing - commonly referred to as 'an appeal'.

"Dependent" refers to a child(ren) and/or spouse for whom a duty of support is requested/owed — this includes children by birth or adoption.

"Domestic Relations Section" (or DRS) is the agency of the Court of Common Pleas of Lancaster County, Pennsylvania responsible for administering support and paternity actions.

"Pa. C.S." refers to the "Pennsylvania Consolidated Statutes". Title 23 of the statute sets forth the laws governing support and paternity.

"PACSES" refers to the Pennsylvania Automated Child Support Enforcement System which is a state-wide computer system used by the DRS to administer support cases.

"Paternity" or "paternity establishment" is the legal process through which a determination is made whether a man is the father of a child when the parents are not married.

"Plaintiff/Obligee/Payee is the person who receives support payments.

"Pa. R.C.P." stands for "Pennsylvania Rules of Civil Procedure". These rules govern practice, procedure and conduct of all courts.

"Support" is care, maintenance and financial assistance.

"TANF" stand for Temporary Assistance for Needy Families. Recipients of TANF benefits are required to file a child support action with Domestic Relations.

FREQUENTLY ASKED QUESTIONS

Q: I have a child in my care that I am not the biological parent of. Can I still receive support?

A: *Yes, any person who is caring for a child outside of an intact household may file for support against one or both of the child's biological parents.*

Q: Do I need to have an attorney in order to file for support?

A: *No. Legal representation is optional.*

Q: Does Domestic Relations handle custody issues?

A: *No. Please refer to the custody packet at the Self Help Center for information.*

Q: My schedule doesn't allow me to appear in the office to file. Are there other options available?

A: *Yes. You may file for support by mail, over the phone and online.*

Q: English is my second language. Is interpretation available?

A: *Yes, Domestic Relations will provide interpretation services at no cost to a client.*

Q: I don't want the other party to have my contact information. Can it be kept confidential?

A: *Yes. Contact information will be kept confidential at the request of the client.*

Q: Am I able to close my case whenever I want?

A: *Yes, if you are not receiving TANF (temporary assistance for needy families) benefits. Clients who do receive TANF benefits must keep their case open as long as benefits are being received.*

Q: The child support case has been closed and there was an overpayment. Can that money be refunded?

A: *Yes, a party that has overpaid at the termination of a support order may file to recoup that money.*

Q: Once I have a case, what's the best way to find out information about my case?

A: *If you register on the Child Support Website, you will have access to case information 24/7.*

Q: How do I register on the Child Support Website?

A: *You may register by visiting www.childsupport.state.pa.us.*

Q: How can I make payments?

A: *See **Appendix H** for payment options.*

Q: How do I receive child support payments?

A: *Payments are loaded onto an EPPIcard, which is a debit card you will receive in the mail automatically upon opening a case. You may also request to receive payments via direct deposit into your chosen bank account. See **Appendix I** for Direct Deposit form.*

ACTIONS FOR SUPPORT

Support: Support is a financial obligation paid by a party to help provide necessities for their dependents which include, food, clothing, shelter and transportation. In addition to a financial obligation a Support Order may also include a provision for health insurance coverage and/or payment towards medical bills which are not covered by insurance. Support orders can also include a provision for a contribution to childcare costs. Both parents have an obligation to support their child(ren) according to their ability to pay. Support Orders are entered through the Domestic Relations Section after an initial filing for support is completed, filed and the non-custodial parent has been properly served. Children are entitled to receive support until their eighteenth birthday or until they graduate from high school, whichever occurs last. Married individuals may file for spousal support.

Filing a Complaint for Support

A support action is started by filing a Complaint for Support with the Domestic Relations Section. A Complaint for Support may be filed:

- Online at the State Child Support Website: www.childsupport.state.pa.us
- By your attorney filing a Complaint for Support via on-line/e-mail/mail or drop-off in the DRS office.
- Calling the Lancaster County DRS at 717-299-8141 and requesting a Complaint for Support packet be mailed to you or a telephone interview with a DRS worker.

Required Forms to file a Complaint for Support

- Complaint for Support (signed and dated)
- Application for Support Services (signed and dated)
- Intake Information Questionnaire/Data Sheet

As noted above, the completed forms must be filed in the DRS either online, by mail or email.

*See **Appendices A, B and C** for samples of these forms.

HELPFUL INFORMATION TO BEGIN A CHILD SUPPORT CASE

Needed Information About You:

- Your full name, date of birth and social security number
- Your address, telephone number and email address
- Your employer
- Child(ren)'s full name(s), date(s) of birth and social security number(s)
- Your photo identification (driver's license, state ID or work ID)
- Your child(ren)'s birth certificates
- Your and the child(ren)'s social security cards
- Health insurance information/card

Needed Information about the party you are filing against:

- Full name, date of birth and social security number
- Address, telephone number and email address
- Their employer
- Physical description (height, weight, hair/eye color, tattoos, etc.)

- Any other information you may have which may assist the DRS with locating this person

PATERNITY

Before a Support Order can be established against the father of a child born out of wedlock, paternity must be established. Paternity can be established in the following ways:

- The mother and alleged father may sign a voluntary acknowledgment of paternity form at the hospital or birthing center at the time of the child's birth.
- The alleged father may sign an acknowledgment of paternity form (that is included in the Paternity Packet that is mailed by the DRS at the time of the initial filing).
- If the alleged father does not wish to sign the acknowledgment of paternity a form requesting genetic testing is also included in the Paternity Packet that is mailed by the DRS at the time of the initial filing.
- If the alleged father does not return either of the forms from the Paternity Packet to the DRS, it is assumed that he is requesting genetic testing and genetic testing will be scheduled by the DRS. Both parties will be contacted to schedule a genetic testing appointment.

If an alleged father believes he may be the biological father of a child (for whom paternity has not been established) and the mother of the child and child reside in Lancaster County, the alleged father may file a Complaint to Establish Paternity and for Genetic Testing, along with the Application for Support Services and the Intake Information Questionnaire/Data Sheet. *See **Appendices D, B and C** for samples of these forms.

EMANCIPATION OF MINORS

- In Pennsylvania parents are liable to pay support for their children until they are emancipated.
 - For purposes of child support, emancipation in Pennsylvania occurs upon the child's 18th birthday or high school graduation date, whichever occurs last.
 - Example 1: If the child's reaches the age of 18 in November and will graduate the following June, the date of emancipation for child support purposes is the date of the high school graduation.
 - Example 2: If the child graduates in June but is under the age of 18, the date of emancipation will occur on the child's 18th birthday.

WHAT HAPPENS DURING A SUPPORT CONFERENCE?

Both parties and attorneys, if either party is represented, will meet with a court appointed conference officer. The conference officer will collect all required financial and expense information from both parties as requested on the notice to appear:

- Paystubs for the past 6 months
- Most recent tax return that was filed, including all W2s and any schedules referenced in the tax return
- Verification of medical insurance coverage costs and copies of medical cards
- Verification of any child care expenses for the child(ren) on the case
- Verification of any medial inability to work
- Verification of any other income received (unemployment benefits, Social Security payments, disability payments, worker's compensation payments, etc)

- If self-employed, verification of year to date receipts and expenses
- The DRS income and expense statement that was included in the notice to appear

The conference officer will ask questions in regards to the information that each client provides and may ask further questions based on the circumstances of the case. The conference officer will run a guideline calculation and inform parties of the monthly support amount.

- If parties agree to an amount of support, the conference officer will prepare an order for parties to sign.
- If parties do not agree to an amount of support, the conference officer will submit a recommended order to the court for review. The court will issue an order and parties will receive the order in the mail. If either party disagrees with the support order entered by the court, they have 20 days from the mailing to file a demand for hearing (appeal) and request a hearing in front of the judge (De Novo Hearing). If neither party files a demand for hearing within 20 days, the Court's order will become a final order.

WHAT HAPPENS DURING A DE NOVO HEARING?

When either party files a demand for hearing (appeal) to the recommended order, a hearing is scheduled in front of the judge. At the hearing, the judge will review the order that was entered and take testimony from both clients based on the reason for the appeal. The judge will enter a final order after the hearing has concluded.

CAN A SUPPORT ORDER BE MODIFIED?

YES, either party can request that the order be reviewed for modification based on a change in circumstances. A petition for modification can be filed online at www.childsupport.state.pa.us, by contacting the office and requesting that a petition be emailed/mailed or by appearing in the office to file the petition. Once the completed petition has been filed with the office, a support conference will be scheduled to review the stated changes and possible change in the support order. *See **Appendix F** for a sample of the Modification Petition.

DOES CUSTODY AFFECT THE CHILD SUPPORT AMOUNT?

Yes, custody may affect the monthly child support amount. The amount of time that the child(ren) spend with each parent can possibly reduce the support amount owed. Parties should be prepared to present a copy of their custody court order at the time of conference. If parties do not have a custody order through the courts, the conference officer will ask questions about their current custody arrangement.

- **For detailed information, please see one of the custody packets available at the Court Self Help Center on the first floor of the Courthouse or online at: <https://www.court.co.lancaster.pa.us/35/Self-Help-Center>*

HOW IS MEDICAL INSURANCE ADDRESSED IN THE SUPPORT ORDER?

In all child support cases, medical insurance coverage is required to be included. The conference officer will ask questions to determine if the child currently has medical coverage provided by either party or if it is available to either parent at a reasonable cost. The support order that is entered will direct that either one or both parents provide coverage if it is available at a reasonable cost.

Each parent is also ordered to pay for a portion of reasonable medical expenses for the child(ren) which are not paid for by medical insurance.

WHAT IF A CHILD IS RECEIVING CASH ASSISTANCE?

If a child is receiving cash assistance benefits through the Department of Human Services, the parent/caregiver receiving the benefits on behalf of the child is required to file for support. They are not allowed to agree to a monthly support amount less than the calculated guideline amount of support. All payments received on the case while the child is active on cash benefits will be paid to the Department of Human Services.

WHAT IF THE DEFENDANT DOES NOT RESIDE IN LANCASTER COUNTY?

When the Defendant resides in another county, state or country, DRS will assist the filing party in determining the best course of action in filing the complaint.

If support pleadings need to be filed to an agency outside of Lancaster County, DRS will assist the filing party in completing the documents needed.

Actions between two support tribunals may take longer in establishing, modifying or enforcing an order.

WHAT SERVICES ARE AVAILABLE TO THE PLAINTIFF FROM DRS?

- Filing services- new complaints (**Appendix A**) and modifications (**Appendix F**)
- Location services
- Paternity establishment for children born out of wedlock
- Limited legal services
- Interpreter services (including American Sign Language) for office and court proceedings

WHAT SERVICES ARE AVAILABLE TO THE DEFENDANT FROM DRS?

- Filing services- actions to pay support (**Appendix E**), modification petitions (**Appendix F**), recovery of overpayments (**Appendix G**)
- Genetic testing for paternity establishment
- Job Search programs
- Interpreter services (including American Sign Language) for office and court proceedings

WHAT ARE THE FEES FOR DRS SERVICES?

The fees for DRS services are established by the Court and are charged for genetic testing and judicial computer system fees. These fees are not required to be paid at the time of filing. Any fees associated with filing an appeal to the Superior Court are due at the time of filing.

In addition to fees charged by DRS, a \$25.00 fee will be deducted from any collection received by a Federal Tax Refund Offset.

A \$25.00 annual federal user fee is also collected on cases that have received over \$2000.00 for the federal fiscal year.

HOW DO I CLOSE MY SUPPORT CASE?

- If a plaintiff is not a recipient of public assistance (TANF) benefits, they may request their case be closed at any time. The request must be submitted to Domestic Relations in writing. The parties may also submit a written agreement to close the support case.
- If there is an overpayment when the case closes, the defendant may file a Petition for Recovery of Support Overpayment in Terminated Case. *See **Appendix G** for a sample of the form.

MAY I PARTICIPATE IN A CONFERENCE BY TELEPHONE OR VIDEO?

- Yes
- Conferences held by Domestic Relations Conference Officers are conducted telephonically
 - Exception 1: The client is specifically Ordered to appear for the Conference in person at the Domestic Relations Office
 - Exception 2: An attorney files a request with the Domestic Relations Office requesting to appear for the Conference in person rather than via telephone or video and the request is approved
 - The Opposing party will not be required to appear in person

MAY I PARTICIPATE IN A HEARING BY TELEPHONE OR VIDEO?

- It's possible.
- Court Hearings are generally conducted with all parties and their attorneys appearing in person for the hearing
 - Exception: You may be approved to participate in a Court hearing via telephone or video. Please see the next section for details

WHAT DO I NEED TO DO TO PARTICIPATE IN A HEARING BY TELEPHONE OR VIDEO?

- If you wish to request to participate in a hearing by video or telephone, you must submit a written request providing:
 - Your name
 - The PACSES Case Number for the case for which you are making the request
 - Date of the Court Hearing
 - The reason for your request

- Contact information including both a telephone number and email address
- Once your request is received it will be forwarded to the Court for approval or disapproval. Upon the approval or disapproval of your request, you will be notified.
- If your request is DISAPPROVED you **MUST** appear for the hearing, in person.

WHAT ENFORCEMENT REMEDIES ARE AVAILABLE TO DRS?

DRS uses a variety of available remedies to enforce support orders. Most enforcement remedies are automated and based on the case meeting eligibility requirements. These remedies include:

- Offset of state and/or federal tax refund
- passport denial
- suspension of driver's/professional/recreational licenses
- seizure of assets held by financial institutions

ADDITIONAL INFORMATION: SPOUSAL SUPPORT, APL AND ALIMONY

- **For detailed information about divorce, please see one of the divorce packets available at the Court Self Help Center on the first floor of the Courthouse or online at: <https://www.court.co.lancaster.pa.us/35/Self-Help-Center>*
- **WHAT IS SPOUSAL SUPPORT?**
 - Spousal support is support paid from one spouse to the other based upon their respective incomes. Spousal support originated as Pennsylvania recognizes the responsibility of married individuals to provide financial support to each other.
- **DO I HAVE TO FILE A DIVORCE COMPLAINT TO FILE FOR SPOUSAL SUPPORT?**
 - No, you do not have to file a divorce complaint to file a complaint for spousal support.
- **HOW DO I FILE FOR SPOUSAL SUPPORT?**
 - A complaint for spousal support is filed with the Domestic Relations office. The Domestic Relations office will schedule a conference and determine a spousal support amount based upon the respective income of the parties. See **Appendix A** for a sample of the Complaint for Support.
- **IF I AM DIVORCED, MAY I FILE FOR SPOUSAL SUPPORT?**
 - No
- **WHAT ARE THE DEFENSES TO A SPOUSAL SUPPORT CLAIM?**
 - If a party to the support case files a complaint for spousal support, the other party may raise the defense of "entitlement" claiming the party requesting spousal support is not entitled.
 - If the defense of entitlement is raised, the burden is on the party who left the marriage to prove that their leaving was justified.
- **WHAT IS ALIMONY *PENDENTE LITE* ("APL")?**
 - Alimony *pendente lite* or APL, like spousal support, is support paid from one spouse to the other based upon the respective incomes.

- DO I HAVE TO FILE A DIVORCE COMPLAINT TO FILE FOR APL?
 - Yes, to file a Complaint for APL you MUST first file a Complaint for Divorce
- HOW DO I FILE FOR APL?
 - A complaint for APL is filed with the Domestic Relations office. A Complaint for APL will not be accepted if it is not confirmed that a divorce has been filed. Upon verification that a Divorce Complaint has been filed, Domestic Relations office will schedule a conference and determine a spousal support amount based upon the respective income of the parties. See **Appendix A** for a sample of the Complaint for Support.
- IF I AM DIVORCED, MAY I FILE FOR APL?
 - No
- WHAT ARE THE KEY DIFFERENCES BETWEEN SPOUSAL SUPPORT AND APL?
 - You MUST have filed a Complaint for Divorce to file for APL. Whereas, it is not necessary to have filed a Complaint for Divorce to file for spousal support.
 - The defense of "Entitlement" is NOT a defense to a claim for APL. The theory of APL is to ensure that both parties to a divorce action are on equal financial footing during the litigation of the divorce.
- WHAT IS ALIMONY?
 - Alimony is support paid from one FORMER spouse to the other.
 - Alimony is NOT established or modified by Domestic Relations.
- HOW DO I FILE FOR ALIMONY?
 - Alimony MUST be filed within a divorce action
 - The Court will determine if Alimony will be awarded upon the finalization of a divorce.
- HOW DO I MODIFY THE AMOUNT OF ALIMONY I PAY OR I RECEIVE?
 - A request to modify the amount of the alimony award must be filed under your divorce action.
- CAN I RECEIVE ALIMONY BEFORE MY DIVORCE IS FINAL?
 - NO
 - Alimony is awarded upon finalization of a divorce.
- WILL DOMESTIC RELATIONS ENFORCE MY ALIMONY AWARD?
 - It is possible to have your alimony collected by Domestic Relations.
 - Domestic Relations cannot dispense legal advice. It may be in your best interest to speak with an attorney about this process.
- **For detailed information about divorce, please see the divorce packet available at the Court Self Help Center on the first floor of the Courthouse or online at: <https://www.court.co.lancaster.pa.us/35/Self-Help-Center>*

APPENDIX A



vs.

Plaintiff

Defendant

) Docket Number:

)

) PACSES Case Number:

)

) Other State ID Number:

Complaint for Support

New Complaint Amended Complaint

1. Plaintiff resides at

_____ County.

Plaintiff's date of birth is _____

2. Defendant resides at

_____ County.

Defendant's date of birth is _____

3. (a) Plaintiff and Defendant were married on _____
at _____

(b) Plaintiff and Defendant were separated on _____

(c) Plaintiff and Defendant were divorced on _____
at _____

(d) 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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_____	_____	_____	_____
Residence: _____			

_____	_____	_____	_____
Residence: _____			



Residence: _____

Residence: _____

Residence: _____

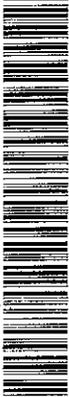
Residence: _____

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:



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

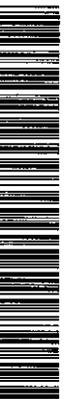
I verify that the statements made in this Complaint are true and correct. I understand that false statements herein are made subject to penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

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:



APPENDIX B

Phone:

Fax:

Application for Child or Spousal Support Services

(Please print clearly)

Name of applicant _____

Social Security Number (SSN) _____

Name of other party _____

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

Applicant Signature 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



APPENDIX C

Phone:

Fax:

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)

DEMOGRAPHICS

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 _____

DOB ____ / ____ / ____ SSN _____

Your Mother's Maiden Name _____

Your Father's Name _____

City, State and Country of Your Birth _____

DEFENDANT'S INFORMATION

Name (Last, First, Middle) _____

Maiden Name/Alias _____

Address _____

City _____ State _____ Zip Code _____ County _____

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

DOB ____ / ____ / ____ SSN _____

Mother's Maiden Name _____

Father's Name _____

City, State and Country of Birth _____

Intake Information Questionnaire/Data Sheet

CHILDREN'S INFORMATION (Defendant's children only)

1. 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

2. 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

3. 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

4. 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

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

CONTACT INFO

PLAINTIFF'S CONTACT INFORMATION:

Home Phone () _____ Mobile Phone () _____
Business Phone () _____ Email Address _____

DEFENDANT'S CONTACT INFORMATION:

Home Phone () _____ Mobile Phone () _____
Business Phone () _____ Email Address _____

PLAINTIFF'S RELATIVE / FRIEND CONTACT INFORMATION:

Relative or Friend Name _____ Relationship _____
Relative or Friend Address _____

Relative or Friend Phone Number () _____

DEFENDANT'S RELATIVE / FRIEND CONTACT INFORMATION:

Relative or Friend Name _____ Relationship _____
Relative or Friend Address _____

Relative or Friend Phone Number () _____

EMPLOYER INFO

PLAINTIFF'S EMPLOYER INFORMATION:

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

DEFENDANT'S EMPLOYER INFORMATION:

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

ATTORNEY INFO

PLAINTIFF'S ATTORNEY INFORMATION:

Plaintiff's Attorney _____
Plaintiff's Attorney Address _____

DEFENDANT'S ATTORNEY INFORMATION:

Defendant's Attorney _____
Defendant's Attorney Address _____

INSURANCE INFO

PLAINTIFF'S INSURANCE INFORMATION

Medical Insurance Carrier Name _____ Policy # _____
Medical Insurance Carrier Address _____
Carrier Phone () _____



DEFENDANT'S INSURANCE INFORMATION

Medical Insurance Carrier Name _____ Policy # _____

Medical Insurance Carrier Address _____

Carrier Phone () _____

MARITAL / PATERNITY INFO

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 _____

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

Do you have any concern for family violence? Y N

Do you have a need to keep your address confidential? Y N

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



APPENDIX D

IN THE COURT OF COMMON PLEAS OF LANCASTER COUNTY, PENNSYLVANIA
DOMESTIC RELATIONS SECTION

_____	:	
Plaintiff/Respondent	:	
	:	Docket No.:
vs.	:	
	:	PACSES No.:
_____	:	
Defendant/Petitioner	:	

COMPLAINT TO ESTABLISH PATERNITY AND FOR GENETIC TESTING

Petitioner requests genetic testing to establish paternity pursuant to 23 Pa.C.S. § 4343 and in support of that request states that:

1. Defendant/Petitioner is an adult individual who resides at:

2. Plaintiff/Respondent is an adult individual who resides at:

3. Plaintiff/Respondent is the natural mother and Defendant/Petitioner believes that he may be the natural father of the following child(ren):

Child/Children's Name(s)

Date of Birth

4. The above-named child(ren) reside(s) at the following address with the following individuals:

<u>Address</u>	<u>Person(s) Living w/ child</u>	<u>Relationship to child</u>
----------------	----------------------------------	------------------------------

5. Plaintiff/Respondent (was or was not) married at the time the children were conceived or born:
6. Plaintiff/Respondent (is or is not) now married. If married, name of spouse:
7. There (is or is not) a custody, support or other action involving the paternity of the above named child(ren) now pending in any jurisdiction. Identify any such actions by caption and docket number:
8. There (has been or has not been) a determination by any court as to the paternity of the child(ren) in any prior support, custody, divorce, or any other action. If so, identify the action by caption and docket number:
9. Defendant/Petitioner agrees to pay all costs associated with genetic testing prior to the scheduling of the genetic tests along with any related court/filing fees.

Wherefore, Petitioner requests that this Honorable Court order the Respondent to submit to genetic testing and to make the child(ren) available for genetic testing; the Petitioner further requests that the Court enter a final determination of paternity based upon the results of the genetic test.

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

X

Date

X

Petitioner Signature

APPENDIX E

vs.

Plaintiff/Respondent

Defendant/Petitioner

) Docket Number:

) PACSES Case Number:

) Other State ID Number:

Complaint for Support

New Complaint Amended Complaint

1. Plaintiff/Respondent resides at

_____ County.

Plaintiff's/Respondent's date of birth is _____

2. Defendant/Petitioner resides at

_____ County.

Defendant's/Petitioner's date of birth is _____

3. (a) Plaintiff/Respondent and Defendant/Petitioner were married on _____
at _____

(b) Plaintiff/Respondent and Defendant/Petitioner were separated on _____

(c) Plaintiff/Respondent and Defendant/Petitioner were divorced on _____
at _____

(d) Address of last marital domicile:

4. Plaintiff/Respondent and Defendant/Petitioner 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
_____	_____	_____	_____
Residence: _____	_____	_____	_____
_____	_____	_____	_____
Residence: _____	_____	_____	_____
_____	_____	_____	_____



v.

PACSES Case Number:

Residence: _____

Residence: _____

Residence: _____

Residence: _____

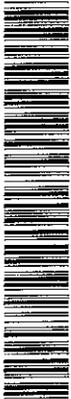
5. Defendant/Petitioner seeks to pay support for the following persons:

6. (a) Plaintiff/Respondent is is not receiving public assistance in the amount of \$ _____ per month for the support of:

(b) Plaintiff/Respondent is receiving additional income in the amount of \$ _____ from:

7. A previous support order was entered against the Defendant/Petitioner on _____ in an action at _____ in the amount of \$ _____ for the support of:

There are no arrears arrears in the amount of \$ _____.



v.

PACSES Case Number:

The order has not been terminated was terminated on date _____.

8. Plaintiff/Respondent last received support from the Defendant/Petitioner in the amount of \$ _____ on _____.

WHEREFORE, the Defendant/Petitioner requests that an order be entered on behalf of the aforementioned child(ren) and/or spouse for reasonable support and medical coverage.

Defendant/Petitioner or Attorney

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.

Defendant/Petitioner 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:



APPENDIX F

vs.

Plaintiff

Defendant

) Docket Number:

)

) PACSES Case Number:

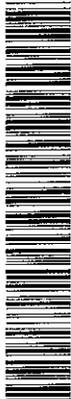
)

) 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.



v.

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:

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



APPENDIX G

vs.

Plaintiff/Former Obligor

Defendant/Former Obligee

)
) Docket Number:

)
) PACSES Case Number:

PETITION FOR RECOVERY OF SUPPORT OVERPAYMENT IN TERMINATED CASE

1. Plaintiff/Former Obligor is an adult individual residing at:

2. Defendant/Former Obligee is an adult individual residing at:

3. Plaintiff and Defendant were parties in a prior support action that was terminated by Order dated: _____ at docket number _____.

4. There is an overpayment owing to the Plaintiff/Former Obligor in the amount of:
\$ _____.

WHEREFORE, the Plaintiff/Former Obligor requests that, pursuant to Pa. R.C.P. 1910.19(g)(2), an order be entered against the Defendant/Former Obligee and in favor of the Plaintiff/Former Obligor in the amount of \$ _____.

Plaintiff/Former Obligor or Attorney

Date

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

Plaintiff/Former Obligor Signature

Date

NOTICE

The Domestic Relations Section shall schedule a conference on the petition, which shall be conducted consistent with the rules governing support actions. The Domestic Relations Section shall have the authority to enter an order against the Defendant/Former Obligee for the amount of the overpayment in a monthly amount to be determined by the trier of fact after consideration of the Defendant/Former Obligee's ability to pay.



APPENDIX H

Payment Options:

- **Mail:** Check or money order payable to PA SCDU and include your name and PACSES member ID (listed below).

PA SCDU
P.O. Box 69110
Harrisburg PA 17106-9110

- **Domestic Relations Office:** Money order, certified check, and cash are accepted in the Lancaster County Domestic Relations Office. Credit and debit card payments are also accepted (a convenience fee is charged). Monday through Friday 8:30am- 4:30 pm.

150 N. Queen Street
Suite 220
Lancaster, PA 17603-3562

- **Online payments:**

- <https://childsupportbillpay.com/lancastercounty-pa/>
- **Bank Account:** Payments made by checking or savings account debit can be made at www.ExpertPay.com (There is no charge for payments made using this method). Allow seven days for the payment to be received by PA SCDU.
- **Debit Card/Credit Card/PayPal:** Payments using debit card, credit card, or PayPal can be made at www.ExpertPay.com. A convenience fee is charged for payments using these methods. Payments post the next business day.

- **Pay by phone:** You can call 1-800-955-2305 to make a credit card or debit card payment by phone (A convenience fee is charged).

- **MoneyGram:**

- Payments made via cash at kiosks placed at select CVS, ACME, Walmart and Wegmans. (A processing fee of \$3.99 is charged). Payment posts within 2-3 days. Member number is required (listed below)
- Credit card payments made at www.moneygram.com (A convenience fee is charged depending on the amount of the payment). Payment posts within 2-3 days. Member number is required (listed below)
 - Online payments: Pay bills tab at top of page. Payments to be made to PA SCDU under other when searching (code #14677). *same code would apply when remitting payments via a store kiosk*

- **Bill pay:** You may visit your banking institution to establish electronic bill pay by presenting your 10 digit member identification number (listed below) and providing your banking institution with the SCDU address: PA SCDU, PO Box 69110, Harrisburg PA 17106.

For additional information:

- **Domestic Relations Webpage on the Lancaster County Court website at:** www.court.co.lancaster.pa.us
- **Access your case information at:** www.childsupport.state.pa.us
- **Contact the Domestic Relations Office at:** Phone: 717-299-8141, press 1 then 0 Fax: 717-293-7270

APPENDIX I

PA SCDU Direct Deposit Enrollment Form

- Please fill in the requested information below.
- A new enrollment form is required for all bank account changes.
- The payee/disbursement recipient must be the owner of the account shown below.
- The payee/disbursement recipient's name, address and Social Security number must match the information on file in the PA Child Support Enforcement System, PACSES. If you need to update your information please contact your local Domestic Relations Section.
- If you have questions, please contact the PA SCDU Customer Service Center at 877.727.7238.

Email the completed form to pa-childsupp-4.fc-sls@conduent.com

or

Mail the completed form to: PA SCDU, PO Box 61216, Harrisburg, PA 17106-1216

New Enrollment

Account Change

Cancel Direct Deposit

Please Print

Payee/disbursement recipient name	Bank name
Street Address	<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings
City State Zip Code	Your bank's 9 digit routing number <i>Please contact your bank if you are uncertain of the correct routing number.</i>
(daytime) Area Code and Telephone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	<input type="text"/>
PACSES 10 digit member ID number <input type="text"/> <input type="text"/>	Your checking or savings account number <i>Please contact your bank if you are uncertain of the correct account number.</i>
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<hr/> <div style="text-align: right;">bank account number</div>

Payee/Joint Payee Certification

I certify that I am entitled to the payment identified above and that I have read and understood the above directions to complete this form. In signing this form, I authorize my payments to be sent to the financial institution named below to be deposited to the account designated on this form.

Signature _____

Date _____