DOMESTIC RELATIONS SECTION

Court Of Common Pleas Of Centre County

Post Office Box 568, Bellefonte, Pennsylvania 16823
Phone: 814-355-6741
Fax: 814-355-6708

Ann Marie Oldani
Director

SUPPORT APPLICATION PACKET

Attached you will find the application that you requested. You may also file for support in person at the Centre County Domestic Relations Section office in the Willowbank Building, 420 Holmes Street, Bellefonte, PA.

When you have completed these forms, you MUST telephone the Centre County Domestic Relations Section at (814) 355-6741 IN ADVANCE to schedule a brief appointment with the Intake Officer to insure that the application is properly completed.

There are four (4) sections to this application: Intake Information Questionnaire/Data Sheet, Complaint for Support, Application for Child/Spousal Support and Medical Support Authorization. You must complete **ALL** sections.

When completing the forms, be advised that *you are the **Plaintiff*** and the absent parent is the **Defendant**.

Please follow the general instructions below:

1. Complete form by printing and use BLUE or BLACK ink

2. Indicate if you are filing for Child Support, Spousal Support or both. Indicate this information on question #5 of the Complaint for Support.

3. Provide proof of health insurance coverage on child(ren) and/or yourself if you have coverage. Copies of insurance cards or other qualifying documentation including policy holder name, company name, group/policy number, effective date and cost will be accepted.

4. Provide a form of identification such as valid driver's license, photo ID or valid US Passport

5. Sign and date all documents where an "X" is indicated.

6. **Your support application will not be processed unless all paperwork is completed properly. Please include your telephone number so that a representative of this office may contact you in the event your support application cannot be processed due to improper completion.**

If you require additional information about the services and hours of the Domestic Relations Section, you may call the automated support line at (814) 355-6741.

In the Court of Common Pleas of Centre County, Pennsylvania

Phone: (814) 355-6741 Fax: (814) 355-6708

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 _____

SSN _____ DOB ___/___/___ Telephone (___) _____

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

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
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)

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 _____

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 _____

SSN _____ DOB ___/___/_____ Telephone (___) _____

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

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 Questionnaire/Data Sheet

CHILDREN'S INFORMATION (Defendant's children only)

1. Name(Last, First, Middle)_____

   State in which conception occurred_____

   Was the child born out of wedlock? Y or N

   Is a birth certificate on file? Y or N

   Is Defendant on birth certificate as father? Y or N

   Is child disabled? Y or N

   Did Medical Assistance/Access Card pay for child's birthing expenses? Y or N

2. Name(Last, First, Middle)_____

   State in which conception occurred_____

   Was the child born out of wedlock? Y or N

   Is a birth certificate on file? Y or N

   Is Defendant on birth certificate as father? Y or N

   Is child disabled? Y or N

   Did Medical Assistance/Access Card pay for child's birthing expenses? Y or N

3. Name(Last, First, Middle)_____

   State in which conception occurred_____

   Was the child born out of wedlock? Y or N

   Is a birth certificate on file? Y or N

   Is Defendant on birth certificate as father? Y or N

   Is child disabled? Y or N

   Did Medical Assistance/Access Card pay for child's birthing expenses? Y or N

IF MORE THAN THREE CHILDREN, PLEASE PROVIDE INFORMATION ON ADDITIONAL CHILDREN ON THE REVERSE SIDE OF THIS DOCUMENT.

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.

_____ X _____

Date Plaintiff/Caretaker Signature

FOR OFFICE USE ONLY: (Circle correct choice)

BENEFICIARY TYPE: TANF NON-TANF IV-E

FEE PAID: Y N N/A

In the Court of Common Pleas of CENTRE County, Pennsylvania
DOMESTIC RELATIONS SECTION

	)	Docket Number
Plaintiff	)	
vs.	)	PACSES Case Number
	)	
Defendant	)	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 or stand in loco parentis to the following children:

Name	Birth Date	Age	Born of the Marriage Y = Yes, N = No
_____	_____	___	___
Residence: _____			
_____	_____	___	___
Residence: _____			

Service Type M

Form IN-005
Worker ID

_____ _____ ___ ___

Residence: _____

_____

_____ _____ ___ ___

Residence: _____

_____

_____ _____ ___ ___

Residence: _____

_____

_____ _____ ___ ___

Residence: _____

_____

5. Plaintiff seeks 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 no 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 against Defendant and in favor of the Plaintiff and the aforementioned child(ren) for reasonable support and medical coverage.

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.

X _____
Plaintiff

Date X _____

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:

420 HOLMES STREET, BELLEFONTE, PA. 16823

Service Type M

Form IN-005
Worker ID

In the Court of Common Pleas of CENTRE County, Pennsylvania
DOMESTIC RELATIONS SECTION
420 HOLMES STREET, PO BOX 568, BELLEFONTE, PA. 16823
Phone: (814) 355-6741 Fax: (814) 355-6708

Application for Child or Spousal Support Services

(Please print clearly)

Name of applicant/custodian _____

Social Security Number (SSN) _____

Name of non-custodial parent(s) _____

_____

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

_____

_____

X _____ X _____
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
Worker ID

AUTHORIZATION, RELEASE, AND CONSENT TO THE USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION FOR MEDICAL SUPPORT OPERATIONS

CENTRE COUNTY DOMESTIC RELATIONS SECTION

I, _____, understand and agree that the Domestic Relations Section of Centre County Court of Common Pleas, Centre County, and Commonwealth of Pennsylvania may use and disclose protected health information (including but not limited to name, health history, symptoms, examination and test results, diagnosis and treatment) for medical support enforcement operations. I understand that I must consent to this use and disclosure in order to receive medical support enforcement services through the Domestic Relations Section for myself and/or my children including the release of relevant medical information which may affect my support order.

Centre County Domestic Relations Section, Centre County and Commonwealth of Pennsylvania, its programs, services, employees, officers and contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized.

I understand that Centre County Domestic Relations Section, Centre County and Commonwealth of Pennsylvania, reserve the right to change its privacy practices and will mail a copy of any revised notice to the address I have provided.

I understand that I may inspect or copy my personal health information and may also refuse to sign this authorization.

Information disclosed pursuant to this authorization is subject to re-disclosure by the recipient and is no longer protected by federal privacy regulations.

I agree that I have the right to revoke this Consent in writing, except to the extent the Domestic Relations Section, Centre County or other Commonwealth of Pennsylvania program or service has relied upon it.

X _____ X

Client Signature Date

_____

PACSES Case ID