

PARTICIPATION FORM

**new form must be submitted for each scheduled event
complete & return**

CASE MEMBER CONTACT INFORMATION

Circle one: I am the PLAINTIFF DEFENDANT

***Your Name:** _____

Hearing date: _____

Docket Number: _____ PACSES Case ID: _____

***Telephone number:** (_____) _____

***Email address to contact:** _____

***required**

If you will be represented by an attorney, your attorney must file with Domestic Relations a "Praecipe for Appearance" prior to the hearing if they wish to participate.

Attorney Name: _____

Attorney Telephone: _____

Email address for attorney: _____

Send this completed form to:

Email: WAHRG@pacses.com with your name in the subject line

Mail: Washington County DRS, Ste 311, 29 W. Cherry Ave,
Washington PA 15301

Fax: 724-228-6899