

Washington County Domestic Relations

Complaint for Support – Child Support, Spousal Support &/or Alimony Pendente Lite

Plaintiff's Information (Person seeking to receive support payments)

Name (First, Middle, Last): _____ Maiden/other
names: _____

SSN: _____ D.O.B.: ____ / ____ / ____ Place of
birth: _____

Relationship to Children: parent / grandparent / foster parent / other: _____ (Circle one)

Address: _____ City: _____ State: ____ Zip
code: _____

Home Phone: (____) _____

Mobile Phone: (____) _____ Receive text updates?: Y ___ N ___

Email Address: _____ Military status: _____

Receive email updates?: Y ___ N ___

Physical Description: Ht. ____ Wt. ____ Eye color ____ Hair
Color ____ Race _____

Plaintiff's Mother's Maiden Name: _____

Plaintiff's Father's Name: _____

Employer Name: _____

Employer Phone: _____

Employer Address: _____ City _____ State _____ Zip _____

Marital status with respect to Defendant: Divorced ____ Married ____ Separated ____ Single ____

Married when child(ren) born? Y ___ N ___

Date Married ____ / ____ / ____ Separated ____ / ____ / ____ Divorced ____ / ____ / ____

Place of marriage _____ Place of divorce _____

Defendant's Information (Person paying support payments)

Name (First, Middle, Last): _____

Maiden/other names: _____

SSN: _____ D.O.B.: ____ / ____ / ____ Place of birth: _____

Relationship to Children: parent / grandparent / foster parent / other: _____ (Circle one)

Address: _____ City: _____ State: ____ Zip code: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Receive text updates?: Y____ N____

Email Address: _____ Receive email updates?: Y____ N____

Military status: _____

Physical Description: Ht. ____ Wt. ____ Eye color ____ Hair Color ____ Race ____

Defendant's Mother's Maiden Name: _____

Defendant's Father's Name: _____

Employer Name: _____ Phone Number: _____

Medical Insurance

Medical Insurance Provider: _____ phone number: (____) _____

Insurer Address: _____

Policy Holder Name: _____ Policy Holder Relationship to child/ren: _____

Policy number: _____ Group number: _____

I am seeking support for the following. Please circle all that apply.

Child Support Spousal Support APL Divorce Docket Number _____

Do you have an existing/prior support order? Y N

If yes, what state or county is the order from?: _____ (Enclose a copy if you have it.)

Docket files and all information contained in them may only be viewed by the parties and attorney of record

Is there a history of violence or abuse between the plaintiff and/or child and the defendant?: Y N

Does your address need to be confidential due to safety concerns? : Y N

Children's Information (defendant's children only)

Child 1 Name (First, Middle, Last): _____

Gender _____ Race _____

SSN: _____ D.O.B.: _____ / _____ / _____ Place of birth: _____

Relationship to Plaintiff (Circle one): Biological / grandchild / adopted / other: _____

Child's Mother's Maiden Name: _____ Child's Father's Name: _____

Is the child disabled: Y ___ N ___ Is there a custody order?: Y ___ N ___

Paternity Established? Y ___ N ___

Has the defendant signed an acknowledgement of paternity? Y ___ N ___ If yes, in what state?: _____

Child 2 Name (First, Middle, Last): _____

Gender _____ Race _____

SSN: _____ D.O.B.: _____ / _____ / _____ Place of birth: _____

Relationship to Plaintiff (Circle one): Biological / grandchild / adopted / other: _____

Child's Mother's Maiden Name: _____ Child's Father's Name: _____

Is the child disabled: Y ___ N ___ Is there a custody order?: Y ___ N ___

Paternity Established? Y ___ N ___

Has the defendant signed an acknowledgement of paternity? Y ___ N ___ If yes, in what state?: _____

Child 3 Name (First, Middle, Last): _____

Gender _____ Race _____

SSN: _____ D.O.B.: ____ / ____ / ____ Place of birth: _____

Relationship to Plaintiff (Circle one): Biological / grandchild / adopted / other: _____

Child's Mother's Maiden Name: _____ Child's Father's Name: _____

Is the child disabled: Y ___ N ___ Is there a custody order?: Y ___ N ___

Paternity Established? Y ___ N ___

Has the defendant signed an acknowledgement of paternity? Y ___ N ___ If yes, in what state?: _____

Child 4 Name (First, Middle, Last): _____

Gender _____ Race _____

SSN: _____ D.O.B.: ____ / ____ / ____ Place of birth: _____

Relationship to Plaintiff (Circle one): Biological / grandchild / adopted / other: _____

Child's Mother's Maiden Name: _____ Child's Father's Name: _____

Is the child disabled: Y ___ N ___ Is there a custody order?: Y ___ N ___

Paternity Established? Y ___ N ___

Has the defendant signed an acknowledgement of paternity? Y ___ N ___ If yes, in what state?: _____

Additional children? Please provide the same information on a separate, additional page

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.

Date: ___/___/___ **Signature:** _____

NOTICE

Guidelines for child and spousal support, and for alimony pendent lite, have been prepared by the Court of Common Pleas and are available in the Office of the Domestic Relations Section at 29 W. Cherry Ave, Suite 311 Washington PA 15301

Please return this completed form along with the signature page to Washington County Domestic Relations.

Information can be submitted as follows:

- **Email:** WACONF@pases.com with your name in the subject line
- **Mail:** Washington County DRS
29 W. Cherry Ave, Suite 311 Washington PA 15301
- **Fax: to** 724-228-6899
- **Drop off** at the Family Court Center 2nd Floor Receptionist Desk
29 W. Cherry Ave., Washington, PA 15301

Once this office receives the completed forms, an Intake worker will call you with any questions they may have and to give you scheduling information.

When the conference is scheduled you will receive the notice with date and time of your conference by mail.