

Washington County Domestic Relations

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

Please return this completed form along with the signature page to

Washington County Domestic Relations Section

The completed form can be submitted as follows:

- **E-mail:** CSWashington@pacses.com
- **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 3rd Floor Receptionist Desk
29 . Cherry Ave., Washington, PA 15301

OR

A complaint for support can be submitted online at –

<https://www.humanservices.state.pa.us/>

Click on the REQUEST SUPPORT SERVICES button and enter the required information.

If filing for support online, the attached paperwork does not need to be completed and submitted.

Once this office receives the completed complaint forms or an online request for support, an Intake Officer will call you with any questions they may have and to give you scheduling information.

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

PLAINTIFF'S INFORMATION

You are filing for: Child Support Spousal Support APL (A divorce must be filed to check APL)

Demographics:

Full legal name: _____ Suffix: _____

Maiden/Other Names: _____

SSN: _____ Date of Birth: _____ Place of birth: _____ County: _____
(City, State)

Sex: Male Female Other Race: _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Mother's Maiden Name: _____

Father's Name: _____ Suffix: _____

Verbal Language: _____ Form Language: _____

Contact Information:

Preferred Method of Contact: Phone Email Mail Text message opt out Yes

Mobile Phone: _____ Home Phone _____ Business Phone: _____ Ext. _____

E-mail Address: _____

Concern for Violence: Yes No Need for confidential address: Yes No

Address: _____ County: _____

City: _____ State: _____ Zip code: _____

Additional Member Information:

Military Status: Active Duty Reserves National Guard Veteran (Retired/Separated)

Are you receiving cash assistance? Yes No

Employer Information:

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____ Pay frequency: _____

Self-employed: Yes No Occupation: _____

DEFENDANT'S INFORMATION

Demographics:

Full legal name: _____ Suffix: _____

Maiden/Other Names: _____

SSN: _____ Date of Birth: _____ Place of birth: _____ County: _____
(City, State)

Sex: Male Female Other Race: _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Any distinguishing marks (scars, tattoos, etc.)? _____

Mother's Maiden Name: _____

Father's Name: _____ Suffix: _____

Verbal Language: _____ Form Language: _____

Contact Information:

Preferred Method of Contact: Phone Email Mail

Mobile Phone: _____ Home Phone _____ Business Phone: _____ Ext. _____

E-mail Address: _____

Address: _____ County: _____

City: _____ State: _____ Zip code: _____

Additional Member Information:

Military Status: Active Duty Reserves National Guard Veteran (Retired/Separated)

Employer Information:

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____ Pay frequency: _____

Self-employed: Yes No Occupation: _____

MARITAL / PATERNITY INFORMATION

Marital Status:

Relationship to the Defendant: Divorced Married Never Married Separated Other: _____

Date of Marriage: _____ City/State of Marriage: _____

Date of Separation: _____ City/State of Last Family Domicile: _____

Date of Divorce: _____ City/State of Divorce: _____

Was the Plaintiff married to someone other than the Defendant at the time of the children's birth? Yes No

If yes, name of spouse: _____

Prior Support Order Information:

Is there an existing child support order: Yes No (If yes, enclose a copy if you have it.)

If yes, what state or county is the order from?: _____

Is there an existing custody order? Yes No In what County/State? _____

Are you receiving spousal support, alimony or APL from this defendant through a court order? Yes No

If yes, in what County/State? _____

Medical Insurance:

Medical Insurance Provider: _____ Phone Number: _____

Insurer Address: _____

Policy Holder Name: _____ Relationship to Child(ren): _____

Policy Number: _____ Group Number: _____

Additional Information:

CHILDREN'S INFORMATION

Child 1

Name (first, Middle, Last): _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City, State)

Sex: Male Female Other Race: _____

Mother's Name: _____ Mother's Maiden Last Name: _____

Father's Name: _____ Suffix: _____

Marital/Paternity

Has paternity been established: Yes No Established how? _____

Did Defendant sign an acknowledgement of paternity? Yes No County/State? _____

Birth location (hospital): _____

Birth Certificate on File? Yes No Father on Birth Certificate: Yes No

Child's relationship to Plaintiff: Biological Grandchild Adopted Other _____

High School Graduation Date: _____

Child 2

Name (first, Middle, Last): _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City,State)

Sex: Male Female Other Race: _____

Mother's Name: _____ Mother's Maiden Last Name: _____

Father's Name: _____ Suffix: _____

Marital/Paternity

Has paternity been established: Yes No Established how? _____

Did Defendant sign an acknowledgement of paternity? Yes No County/State? _____

Birth location (hospital): _____

Birth Certificate on File? Yes No Father on Birth Certificate: Yes No

Child's relationship to Plaintiff: Biological Grandchild Adopted Other _____

High School Graduation Date: _____

Child 3

Name (first, Middle, Last): _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City, State)

Sex: Male Female Other Race: _____

Mother's Name: _____ Mother's Maiden Last Name: _____

Father's Name: _____ Suffix: _____

Marital/Paternity

Has paternity been established: Yes No Established how? _____

Did Defendant sign an acknowledgement of paternity? Yes No County/State? _____

Birth location (hospital): _____

Birth Certificate on File? Yes No Father on Birth Certificate: Yes No

Child's relationship to Plaintiff: Biological Grandchild Adopted Other _____

High School Graduation Date: _____

Child 4

Name (first, Middle, Last): _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City,State)

Sex: Male Female Other Race: _____

Mother's Name: _____ Mother's Maiden Last Name: _____

Father's Name: _____ Suffix: _____

Marital/Paternity

Has paternity been established: Yes No Established how? _____

Did Defendant sign an acknowledgement of paternity? Yes No County/State? _____

Birth location (hospital): _____

Birth Certificate on File? Yes No Father on Birth Certificate: Yes No

Child's relationship to Plaintiff: Biological Grandchild Adopted Other _____

High School Graduation Date: _____

** If there are additional children, use additional information sheets ****

Child # _____

Name (first, Middle, Last): _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City, State)

Sex: Male Female Other Race: _____

Mother's Name: _____ Mother's Maiden Last Name: _____

Father's Name: _____ Suffix: _____

Marital/Paternity

Has paternity been established: Yes No Established how? _____

Did Defendant sign an acknowledgement of paternity? Yes No County/State? _____

Birth location (hospital): _____

Birth Certificate on File? Yes No Father on Birth Certificate: Yes No

Child's relationship to Plaintiff: Biological Grandchild Adopted Other _____

High School Graduation Date: _____

Child # _____

Name (first, Middle, Last): _____

SSN: _____ Date of Birth: _____ Place of birth: _____
(City,State)

Sex: Male Female Other Race: _____

Mother's Name: _____ Mother's Maiden Last Name: _____

Father's Name: _____ Suffix: _____

Marital/Paternity

Has paternity been established: Yes No Established how? _____

Did Defendant sign an acknowledgement of paternity? Yes No County/State? _____

Birth location (hospital): _____

Birth Certificate on File? Yes No Father on Birth Certificate: Yes No

Child's relationship to Plaintiff: Biological Grandchild Adopted Other _____

High School Graduation Date: _____

** If there are additional children, use additional information sheets ****

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: _____