

Washington County Domestic Relations
Petition for Modification of an existing Support Order

Follow the steps listed below:

1. Complete the Client Information Update sheet to the best of your knowledge.
2. Complete the Modification Petition
 - Mark the appropriate boxes clearly
 - Write the reason why the modification is being requested
 - Please sign your name, on both lines and date

If any items are not complete, the petition will be returned to you marked “Incomplete”

The effective date of your modification petition will be the date the completed petition is received at the DRS.

Completed Petitions can be submitted as follows:

- **Email:** CSWashington@pacses.com ****Do not send pictures of the paperwork****
- **Mail:** Washington County DRS
29 W Cherry Ave, STE 311
Washington, PA 15301
- **Fax:** 724-228-6899
- **In person/drop off:** at the Family Court Center
3rd Floor Receptionist Desk
29 W Cherry Ave., Washington PA 15301

OR

A petition for modification 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 modification online, the attached paperwork does not
need to be completed and submitted.

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

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

**Court of Common Pleas of Washington County, Pennsylvania
Domestic Relations Section – Client Information Update**

Date: _____ Docket # _____ PACSES # _____

Client Information Update

Information:

I am the: Plaintiff Defendant

Name: _____ SS# _____ DOB _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: Mobile* _____ Home _____ Work _____

*If you provide a mobile/cell number, you will begin to receive text messages on your phone. You **MUST** check here to opt out and not receive text messages on your phone. **OPT OUT**

Email Address: _____

Current Employer

Name: _____

Address: _____

Phone: _____

Other party's contact information, if known:

Name: _____

Address: _____

Phone: _____

Employer Name: _____

Employer Address/Phone: _____

Children:

Start or End support order for the child listed below.

Name: _____ DOB _____ SS# _____

School: _____ Date of Graduation: _____

Did father sign acknowledgement of paternity form? YES NO

2. Petitioner is entitled to increase decrease termination reinstatement

other _____ of this Order because of the following material & 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