

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

**CASE MEMBER CONTACT INFORMATION**

**Check 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