

In the Court of Common Pleas of Allegheny County, Pennsylvania

Phone: 412-350-5600

Fax: 412-350-7197

Application for Child or Spousal Support Services

(Please print clearly)

Name of applicant/custodian _____

Social Security Number (SSN) _____

Name of non-custodial parent(s) _____

I request child/spousal support services under Title IV-D of the Social Security Act, as amended, from the Allegheny County Domestic Relations Section.

Applicant Signature

Date

In accordance with Section 7(b) of the Privacy Act, you are hereby notified that disclosure of your Social Security number is mandatory based on Section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], Pennsylvania Consolidated Statutes (Pa C.S.) §4304.1 and §4353(a.2). Additionally, you are notified that this information will be used by the Title IV-D program to locate individuals for the purpose of establishing paternity and establishing, modifying, and enforcing support obligations.

FOR OFFICE USE ONLY
Date rec'd in DRS _____

TANF

NON-TANF

IV-E