

Allegheny County Court of Common Pleas, Family Division
Intake Information Questionnaire/Data Sheet

FOR OFFICE USE ONLY

Docket #: _____
PACSES Case #: _____
Other State id#: _____

Plaintiff's/Caretaker's Information:

Plaintiff's relationship to the child(ren): _____

Name (Last, First, Middle): _____

Maiden name/alias: _____

Address: _____ Email address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

SSN: _____ DOB: _____ Cell phone: _____ Work phone: _____

Physical Description: Sex: _____ Race: _____ Ht.: _____ Wt.: _____ Eye color: _____ Hair color: _____

Distinguishing marks: _____

Plaintiff's mother's maiden name: _____ Plaintiff's father's name: _____

Plaintiff's attorney: _____

Attorney's address: _____ Phone #: _____

Employer name: _____ Phone #: _____

Employer address: _____ Date of employment: _____

Marital Status with respect to Defendant: Divorced Married Separated Single

Date married: _____ Date of separation: _____ Date of divorce: _____

State married in: _____ State divorced in: _____

Address of last marital domicile: _____

Defendant's Information:

Defendant's relationship to the child(ren): (biological father/alleged father/other) _____

Name (Last, First, Middle): _____

Address: _____ Email address: _____

City: _____ State _____ Zip: _____ Home Phone: _____

SSN: _____ DOB: _____ Cell phone: _____ Work phone: _____

Physical description: Sex: _____ Race: _____ Ht. _____ Wt. _____ Eye color: _____ Hair color: _____

Distinguishing marks: _____

Is Defendant incarcerated now? Yes No Prison (if known): _____ Release date: _____

Defendant's mother's maiden name: _____ Defendant's father's name: _____

Defendant's Attorney: _____

Attorney's address: _____ Phone #: _____

Employer name: _____ Phone #: _____

Employer address: _____ Date of employment: _____

Relative/Friend's name: _____ Phone #: _____

Address: _____ Relationship to Defendant: _____

COMPLETE FOR ALL CHILDREN FOR WHOM YOU ARE SEEKING SUPPORT:

Child's information *

Name (Last, First, Middle): _____

SSN: _____ DOB: _____ Age: _____ Sex: _____ Full term pregnancy: Yes No

Date of Conception: _____ State where conception took place: _____ Born out of wedlock: Yes No

Paternity Established Yes No Date Paternity Established: _____ Father on birth Certificate: Yes No

Child's information

Name (Last, First, Middle): _____

SSN: _____ DOB: _____ Age: _____ Sex: _____ Full term pregnancy: Yes No

Date of Conception: _____ State where conception took place: _____ Born out of wedlock: Yes No

Paternity Established: Yes No Date Paternity Established: _____ Father on birth Certificate: Yes No

Child's information

Name(Last, First, Middle): _____
SSN: _____ DOB: _____ Age _____ Sex: _____ Full term pregnancy: Yes No
Date of Conception: _____ State where conception took place: _____ Born out of wedlock: Yes No
Paternity Established: Yes No Date Paternity Established: _____ Father on birth Certificate: Yes No

Child's information

Name(Last, First, Middle): _____
SSN: _____ DOB: _____ Age _____ Sex: _____ Full term pregnancy: Yes No
Date of Conception: _____ State where conception took place: _____ Born out of wedlock: Yes No
Paternity Established: Yes No Date Paternity Established: _____ Father on birth Certificate: Yes No

Child's information

Name(Last, First, Middle): _____
SSN: _____ DOB: _____ Age _____ Sex: _____ Full term pregnancy: Yes No
Date of Conception: _____ State where conception took place: _____ Born out of wedlock: Yes No
Paternity Established: Yes No Date Paternity Established: _____ Father on birth Certificate: Yes No

** If filing for more than five children, please attach additional sheets with the necessary information for the remaining child(ren)*

Are you receiving cash assistance? Yes No Applying? Yes No Your welfare case # _____

Existing support order: Yes No Case#: _____ County: _____ State: _____

I verify that the statements in this document are true and correct to the best of my knowledge. I understand that any false statement is subject to penalty in 18 PA.C. S. §4909 relating to unsworn falsification to authorities.

Date

Plaintiff Caretaker

In the Court of Common Pleas of Allegheny County, Pennsylvania

Application for Child or Spousal Support

Date received in DRS: _____

(Please type or 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) of the Social Security Act [42 U.S.C. 666(2)(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.

In the Court of Common Pleas of Allegheny County, Pennsylvania

<u>Plaintiff</u>		<u>Docket Number</u>
<u>vs.</u>		<u>PACSES Case Number</u>
<u>Defendant</u>		<u>Other State ID Number</u>

Complaint for **Child Support** **Spousal Support** **Alimony Pendente Lite**

New Complaint Amended Complaint

1. Plaintiff resides at: _____
_____ County

Plaintiff's date of birth is _____

2. Defendant resides at: _____
_____ County

Defendant's date of birth is _____

- 3. (a) Plaintiff and Defendant were married on _____ at _____.
- (b) Plaintiff and Defendant were separated on _____.
- (c) Plaintiff and Defendant were divorced on _____.
- (d) Address of last marital domicile: _____

4. Plaintiff and Defendant are the parents of/or stand in loco parentis to the following children:

<u>Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Born of the Marriage</u>
			<small>Y = Yes, N = No</small>

Residence _____

Residence _____

Residence _____

Residence _____

Residence _____

Residence

5. Plaintiff seeks to pay support or receive support for the following persons:

6. (a) Plaintiff is is not receiving public assistance in the amount of \$ per month for the support of:

(b) Plaintiff is receiving additional income in the amount of \$ from: _____

7. A previous support order was entered against the Plaintiff Defendant on _____ in an action at _____ in the amount of \$ for the support of:

There are are no arrears in the amount of \$.

The order has has not been terminated.

8. Plaintiff Defendant last received support from the other party in the amount of \$ on .

9. Plaintiff is seeking Alimony *Pendente Lite* (APL) pursuant to Pa.C.S.A. §3702. A divorce action was filed at FD _____.

WHEREFORE, Plaintiff requests that an order be entered for the aforementioned child(ren) and/or spouse for reasonable support and medical coverage and/or alimony *pendente lite*.

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 falsifications to authorities.

Plaintiff

Date