

ALLEGHENY COUNTY COURT OF COMMON PLEAS, FAMILY DIVISION

Request to Reinstate Complaint for Support

I, _____, am requesting the complaint for support
(print name)
against _____ be reinstated and the case scheduled for
(defendant's name)
court to establish support.

Date

Signature

*For verification purposes, please complete the following information.
This information must be provided for your request to be processed. (Please print.)*

Name: _____

Date of Birth: _____

SSN (last 4 digits): XXX – XX – _____

Daytime Phone #: _____

Docket #: _____

Case ID: _____