

COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
FAMILY DIVISION/ADULT SECTION
440 Ross Street
Pittsburgh, PA 15219

INSTRUCTIONS FOR FILING A PETITION TO CONTEST ENROLLMENT IN
MEDICAL COVERAGE

- 1) If a litigant has contacted the Family Division to contest the enrollment of his/her child(ren) in medical coverage and there is a legal basis for said contest, the client may request a hearing on the issue by preparing a Petition to Contest Enrollment in Medical Coverage ("petition"). For assistance in completing the petition, the client should appear at the 3rd Floor Walk-In Desk, Family Law Facility, during screening hours (Monday – Thursday, 8:00 a.m. until 2:00 p.m.; Friday, 8:00 a.m. until 1:00 p.m.; or Wednesday evenings, 4:30 p.m. until 7:00 p.m.) or at one of the Regional Offices (Monday – Friday, 8:00 a.m. until 2:00 p.m.).
- 2) A Domestic Relations Officer (DRO) will assist the litigant with completing the form petition and will obtain a hearing date, which will be on the next available Rec75 hearing date, at least 14 days from the date of preparation of the petition.
- 3) Family Division will serve all parties.
- 4) The DRO will make a copy of the petition and personally serve the Petitioner while present. The DRO will complete and sign the Notice of Hearing and Certificate of Service.
- 5) Additional copies will be made and distributed as follows:
 - (1) copy mailed to the respondent;
 - (1) copy mailed to any attorney of record;
 - (1) copy to imaging.
- 6) Original to be sent to the Docketing Office and a NOTE placed on PACSES indicating service was made.

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
FAMILY DIVISION/ADULT SECTION

Petitioner

vs.

Respondent

PACSES CASE ID _____

FD# _____

**PETITION TO CONTEST
ENROLLMENT IN MEDICAL
COVERAGE**

FILED ON BEHALF OF:

NAME: _____

ADDRESS: _____

TELEPHONE # _____

- ON THE DAY OF THE SCHEDULED HEARING, ALL PARTIES MUST REPORT TO ROOM 4050, FAMILY LAW FACILITY. BRING YOUR COPY OF THE PETITION WITH YOU TO THE HEARING.

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
FAMILY DIVISION/ADULT SECTION

Petitioner

vs.

Respondent

PACSES CASE ID _____

FD# _____

NOTICE OF HEARING

To: _____

PLEASE TAKE NOTICE that Petitioner's Petition To Contest Enrollment in Medical Coverage will be heard by a Hearing Officer at the Family Law Facility, 440 Ross Street, Pittsburgh, PA on the _____ day of _____ 20__ at _____ o'clock _____ M.

Parties are to report to Room 4050 of the Family Law Facility to check in for the hearing.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the Petition and Notice of Hearing was served on Plaintiff, _____, by depositing it in the U.S. Mail, first class, postage prepaid on the _____ day of _____, 20 _____. Defendant was personally served.

Domestic Relations Officer

**IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PENNSYLVANIA
FAMILY DIVISION/ADULT SECTION**

Petitioner

vs.

Respondent

PACSES CASES ID _____

FD# _____

PETITION TO CONTEST ENROLLMENT IN MEDICAL COVERAGE

I, _____, a Petitioner not represented by an attorney, request that the National Medical Support Notice (NMSN) sent to my employer be vacated and I not be required to provide medical coverage through my employer due to:

- Unreasonable cost
- Mistake of fact
- Availability of alternative health care coverage

I verify that the statements made in the Petition are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Petitioner

