

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

SUPPORT/ALIMONY PENDENTE LITE/ALIMONY INFORMATION SHEET

PACSES Case No. _____

Docket No. _____

vs

PLAINTIFF

DEFENDANT

PLAINTIFF INFORMATION:

Name: _____

Birthdate: _____

Address: _____

Social Security No.: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

CHILDREN FOR WHOM SUPPORT IS SOUGHT: (List names and birthdates)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

10. _____ 11. _____ 12. _____

EMPLOYMENT:

Name: _____

Division/Plant: _____

Address: _____

Payroll/Check #: _____

Avg. Pay per Month: _____ Year _____

DEFENDANT INFORMATION:

Name: _____

Birthdate: _____

Address: _____

Social Security No.: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

EMPLOYMENT:

Name: _____

Division/Plant: _____

Address: _____

Payroll/Check #: _____

Avg. Pay per Month _____ Year _____

Name: _____

Division/Plant: _____

Address: _____

Payroll/Check #: _____

Avg. Pay per Month _____ Year _____

1. Date Married: _____ Location: _____
Common Law
(prior to 2005): _____ Yes No

2. If support is sought for child(ren) over 18, explain:

3. State date and circumstances of separation or, other reasons for failure to support:

4. Amount of Public Assistance received for: _____
Amount: _____ Per: _____

State of claim is assigned IV-D Agency: Yes No

5. Amount of support asked for children only:

6. Amount of Alimony Pendente Lite and/or Alimony asked for spouse:

7. Set forth any information to aid in locating the opposing party:

Age: _____ Wt: _____ Ht: _____ Hair Color: _____ Race _____

Eye Color: _____ Glasses Yes No Scars/Marks: _____

License No.: _____ Registration No.: _____

Vehicle Make: _____ Model: _____ Plate No.: _____

8. Closest Relation to Plaintiff: _____

Home Phone:

Cell Phone:

Address: _____ Work Phone: _____

9. Closest Relation to Defendant: _____

Home Phone:

Cell Phone:

Address: _____ Work Phone: _____