

**PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY
BEFORE COMPLETING THE PAPERWORK ATTACHED.**

WHO CAN FILE FOR SUPPORT?

- You can file for support for yourself and/or a child in your physical custody;

The Clarion County Domestic Relations Section is linked to a statewide child support system known as PACSES. The information you provide today will not only help this office in properly setting up your case, but will also help with future developments of your case.

Domestic Relations must have the information we are requesting of you now to establish your case. Once all correct information is received, Domestic Relations will establish your case and schedule a conference if required. You will be notified by Court Order of the date and time to appear.

If you desire to have an attorney present, it will be your responsibility to notify your attorney of the date and time of the support conference.

<u>FOR OFFICE USE ONLY:</u>		
PATERNITY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DPW 643	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SPOUSAL ONLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IN002C

CLARION COUNTY DOMESTIC RELATIONS SECTION

You are the **PLAINTIFF**, if you are the person filing for support. The person you are filing against is the **DEFENDANT**.

PLEASE PRINT LEGIBLY

GENERAL INFORMATION:

What is your relationship to the Defendant? (Check only one box and then only answer those questions under the box you checked.)

Spouse or ex-spouse
Date of Marriage _____

City & State of marriage _____

Date of Separation _____
Date of Divorce _____

City & State of Divorce _____
Address of last marital residence _____

Sexual or intimate partner (never married)

Were you married to anyone at the time child/ren were conceived or born? Yes No
If yes, to whom _____

child/ren? Was this person excluded by Court Order or other legal means as the father of the
 Yes No

Relative
State your relationship to the defendant: _____

State your relationship to the child/ren for whom you are seeking support:

Children & Youth Services

Juvenile Court Services

List the names of **ALL** persons for whom you are applying for support. Use the back of this page if necessary.

Full legal name(s)

SS#

Date of Birth

1. _____

2. _____

3. _____

4. _____

5. _____

The person you are filing against is the **DEFENDANT**. Please answer completely all of the following questions about the Defendant:

PLEASE PRINT LEGIBLY

Print the **Defendant's full legal name** as it appears on his/her driver's license:

First _____ Middle _____ Last _____ Jr/Sr/II/III _____

Does the Defendant have a nickname? If yes, list here: _____

Print the **Defendant's addresses** (include street address, city, state, zip, and county):

Mailing address: _____

Physical address: _____

City _____ State _____ Zip _____ County _____

City _____ State _____ Zip _____ County _____

Social Security #: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Other Contact #: _____

E-mail Address: _____

Description of the Defendant:

Male Female Race _____ Eyes _____ Hair _____ Height ____' ____" Weight _____

Any Distinguishing marks (scars, tattoos, etc.)? _____

Is the Defendant active in any Branch of the Military Service? _____

If yes, what Branch? _____ Rank: _____

Name, address, and phone number of Defendant's employer or source of income

(SSD/UC/Worker's Comp)

Name and address of employer's payroll department if different from above:

Pay Frequency: _____

Mother's name (First, middle initial, maiden name): _____

Living or Deceased (circle one)

If living: address: _____

Phone #: _____

Father's name (First, middle initial, last): _____

Living or Deceased (circle one)

If living: Address: _____

Phone #: _____

You are the **PLAINTIFF**, or the person filing for support. Please answer completely all of the following questions:

Print your **full legal name** as it appears on your driver's license:

First _____ Middle _____ Last _____ Jr/Sr _____

Print your **mailing address**:

(include street address, city, state, zip, and county)

Do you physically reside
someplace other than
your mailing address? If yes, list address:

City State Zip County

City State Zip County

Social Security #: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Other Contact #: _____

E-mail Address: _____

Description:

Male Female Race _____ Eyes _____ Hair _____ Height ____' ____" Weight _____

City & State of birth: _____

Your Mother's Name: _____
(First) (Middle Initial) (Maiden Last Name)

Is she living or deceased? _____ If living, provide address & phone number:

Your Father's Name: _____
(First) (Middle Initial) (Last Name)

Is he living or deceased? _____ If living, provide address & phone number:

What is your occupation? _____

List the full name and address of your employer:

Phone Number: _____ Pay frequency: _____

List the address where payroll information may be obtained from your current employer.

How long have you worked for your current employer? _____

Do you have insurance through your employer? Yes No

Do you have to pay for insurance through your employer? Yes No

If yes, state the cost and identify who is covered.

Do you have a current PA Driver's License? Yes No

What is your driver's license number? (the number that appears directly above your picture)

_____ When was this license issued? _____ When will it expire? _____

Are you currently in receipt of public assistance? Yes No

Other person to contact besides parents: (indicate relationship, name, address, & phone #)

Do you have an active support order anywhere else for you and the Defendant? Yes No

If yes, what is the amount _____ for whom _____

In what city & state? _____

When did you last receive money from the Defendant? _____

Does the **Defendant** have any other support cases of which you are aware?

Yes No

If yes, in what city & state? _____

Other Court Identifying Number: _____

Do you or have you ever had a Protection From Abuse Order against this Defendant?

Yes No

* If yes, in what county was the Protection From Abuse Order entered? _____

* If yes, Is the Protection From Abuse Order against the Defendant still active?

Yes No If yes, when does the order expire? _____

Complete the following information for the children for whom you are seeking support.

Child #1

Child's Full Legal Name: _____ M F

Social Security Number: _____ DOB: _____

Is this child covered by any insurance at this time? Yes No

If yes, Insurance Provider and Group # _____

Was this child born of the marriage between you and the defendant? Yes No

In what hospital was the child born? _____

In what city & state was the child born? _____

Was the pregnancy full term? Yes No Date child conceived _____

State in which child conceived _____

If this child **WAS NOT** born of the marriage between you and the Defendant, please answer the following questions:

Has paternity ever been established for this child, either through Court Order, genetic testing, acknowledgment signed at the hospital? Yes No If yes, circle one.

Were you married to someone else at the time this child was conceived or born? Yes No

If yes, name of person _____

Was this person excluded as the father of this child? Yes No

Child #2

Child's Full Legal Name: _____ M F

Social Security Number: _____ DOB: _____

Is this child covered by any insurance at this time? Yes No

If yes, Insurance Provider and Group # _____

Was this child born of the marriage between you and the defendant? Yes No

In what hospital was the child born? _____

In what city & state was the child born? _____

Was the pregnancy full term? Yes No Date child conceived _____

State in which child conceived _____

If this child **WAS NOT** born of the marriage between you and the Defendant, please answer the following questions:

Has paternity ever been established for this child, either through Court Order, genetic testing, acknowledgment signed at the hospital? Yes No If yes, circle one.

Were you married to someone else at the time this child was conceived or born? Yes No

If yes, name of person _____

Was this person excluded as the father of this child? Yes No

Child #3

Child's Full Legal Name: _____ M F

Social Security Number: _____ **DOB:** _____

Is this child covered by any insurance at this time? Yes No

If yes, Insurance Provider and Group # _____

Was this child born of the marriage between you and the defendant? Yes No

In what hospital was the child born? _____

In what city & state was the child born? _____

Was the pregnancy full term? Yes No Date child conceived _____

State in which child conceived _____

If this child **WAS NOT born of the marriage** between you and the Defendant, please answer the following questions:

Has paternity ever been established for this child, either through Court Order, genetic testing, acknowledgment signed at the hospital? Yes No If yes, circle one.

Were you married to someone else at the time this child was conceived or born? Yes No

If yes, name of person _____

Was this person excluded as the father of this child? Yes No

Child #4

Child's Full Legal Name: _____ M F

Social Security Number: _____ **DOB:** _____

Is this child covered by any insurance at this time? Yes No

If yes, Insurance Provider and Group # _____

Was this child born of the marriage between you and the defendant? Yes No

In what hospital was the child born? _____

In what city & state was the child born? _____

Was the pregnancy full term? Yes No Date child conceived _____

State in which child conceived _____

If this child **WAS NOT born of the marriage** between you and the Defendant, please answer the following questions:

Has paternity ever been established for this child, either through Court Order, genetic testing, acknowledgment signed at the hospital? Yes No If yes, circle one.

Were you married to someone else at the time this child was conceived or born? Yes No

If yes, name of person _____

Was this person excluded as the father of this child? Yes No

