

**In the Court of Common Pleas of Allegheny County, Pennsylvania**

Plaintiff (1)		Docket Number (3)
vs.		PACSES Case Number (4)
Defendant (2)		Other State ID Number (5)

**Complaint for Support**

(6)  New Complaint     Amended Complaint

1. Plaintiff resides at: \_\_\_\_\_ (7)  
\_\_\_\_\_  
County (8)

Plaintiff's date of birth is \_\_\_\_\_ (9)

2. Defendant resides at: \_\_\_\_\_ (10)  
\_\_\_\_\_  
County (11)

Defendant's date of birth is \_\_\_\_\_ (12)

3. (a) Plaintiff and Defendant were married on \_\_\_\_\_ at \_\_\_\_\_. (13)  
(b) Plaintiff and Defendant were separated on \_\_\_\_\_. (14)  
(c) Plaintiff and Defendant were divorced on \_\_\_\_\_. (15)  
(d) Address of last marital domicile: \_\_\_\_\_ (16)

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

<u>Name</u> (17)	<u>Birth Date</u> (18)	<u>Age</u> (19)	<u>Born of the Marriage</u> (20)
<small>Y = Yes, N = No</small>			

- (21) Residence \_\_\_\_\_  
  
Residence \_\_\_\_\_  
  
Residence \_\_\_\_\_  
  
Residence \_\_\_\_\_  
  
Residence \_\_\_\_\_

Residence

5. Plaintiff seeks support for the following persons: (22)

6. (a) Plaintiff  is  is not receiving public assistance in the amount of \$  per month for the support of: (23)

(b) Plaintiff is receiving additional income in the amount of \$  from: \_\_\_\_\_ (24)

7. A previous support order was entered against the Defendant on \_\_\_\_\_ in an action at \_\_\_\_\_ in the amount of \$  for the support of: (25)

There  are  are no arrears in the amount of \$ . (26)

The order  has  has not been terminated. (27)

8. Plaintiff last received support from the Defendant in the amount of \$  on . (28)

WHEREFORE, Plaintiff requests that an order be entered against Defendant and in favor of the Plaintiff for the aforementioned child(ren) for reasonable support and medical coverage.

\_\_\_\_\_  
Plaintiff or Attorney for Plaintiff (29)

\_\_\_\_\_  
Date (30)

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 (31)

\_\_\_\_\_  
Date (32)

**NOTICE**

Guidelines for child and spousal support and for alimony pendente lite have been prepared by the Court of Common Pleas and are available for inspection in the Office of the Domestic Relations Section:

Family Division  
440 Ross Street  
Pittsburgh PA 15219

**Allegheny County Family Division, Adult Section  
Complaint for Support  
Instruction Sheet**

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- (1) Name of the person filing for support (Plaintiff)
- (2) Name of the person support is sought from (Defendant)
- (3) Assigned docket number (i.e. 00-00000)
- (4) Assigned PACSES case number (i.e. 000000000); can be obtained from FD paperwork
- (5) Other State ID Number (number assigned to case by other state, if applicable)
- (6) Put an X in the appropriate square
- (7) Address of plaintiff (street, city, state and zip)
- (8) Plaintiff's county of residence
- (9) Plaintiff's date of birth
- (10) Address of defendant (street, city, state and zip)
- (11) Defendant's county of residence
- (12) Defendant's date of birth
- (13) Date Plaintiff and Defendant were married (if applicable)
- (14) Date of separation (if applicable)
- (15) Date of divorce (if applicable)
- (16) List address of last location plaintiff and defendant resided as married couple (if applicable)
- (17) List the name of all children associated with the request for support
- (18) List the date of birth for all children associated with the request for support
- (19) List the age of all children associated with the request for support
- (20) Indicate Y (yes) if the child was born of the marriage between plaintiff and defendant and N (no) if not
- (21) List the residential address for all children associated with the request for support

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- (22) List all persons who support is sought for (by name)
- (23) Complete boxes to indicate if plaintiff is receiving assistance from the Department of Public Welfare and if so, how much and list names of recipients (if applicable)
- (24) List any additional income amount and source (if applicable)
- (25) Provide the date, location and amount of any existing or previous support order entered against the defendant by the plaintiff and list who the order is or was for (if applicable)
- (26) List any arrears due under an existing or prior order (if applicable)
- (27) Complete appropriate box to indicate if order has been terminated or not
- (28) Amount and date of last support payment made by defendant to plaintiff (if applicable)

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- (29) Signature of plaintiff or attorney
- (30) Date signed
- (31) Signature of plaintiff
- (32) Date signed

*\*\*Please note that all applicable sections of this form must be completed. The form must also be signed and dated\*\**