

(Caption)  
**COMPLAINT FOR SUPPORT**

**1.**  
Plaintiff resides at \_\_\_\_\_, \_\_\_\_\_,  
(Street) (City) (Zip Code)

1. \_\_\_\_\_ County. Plaintiff's Social Security Number is  
1. \_\_\_\_\_, and date of birth is \_\_\_\_\_.

**2.**  
Defendant resides at \_\_\_\_\_, \_\_\_\_\_,  
(Street) (City) (Zip Code)

1. \_\_\_\_\_ County. Defendant's Social Security Number is  
1. \_\_\_\_\_, and date of birth is \_\_\_\_\_.

**3.**  
**(a)** Plaintiff and Defendant were married on \_\_\_\_\_, at  
(Date)

1. \_\_\_\_\_,  
(City) (State)

1. **(b)** Plaintiff and Defendant were separated on \_\_\_\_\_,  
(Date)

1. **(c)** Plaintiff and Defendant were divorced on \_\_\_\_\_,  
(Date)

1. at \_\_\_\_\_,  
(City) (State)

**4.**  
Plaintiff and Defendant are the parents of the following children:

1. **(a) Born of the Marriage:**

| Name  | Birth Date | Age   | Residence |
|-------|------------|-------|-----------|
| _____ | _____      | _____ | _____     |
| _____ | _____      | _____ | _____     |

1. **(b) Born out of Wedlock:**

| Name  | Birth Date | Age   | Residence |
|-------|------------|-------|-----------|
| _____ | _____      | _____ | _____     |
| _____ | _____      | _____ | _____     |

**5.**  
Plaintiff seeks to pay support or receive support for the following persons:  
\_\_\_\_\_.

**6. (a)** Plaintiff is (not) receiving public assistance in the amount of

1. \$ \_\_\_\_\_ per \_\_\_\_\_ for the support of \_\_\_\_\_,  
(Name(s))

1. **(b)** Plaintiff is receiving additional income in the amount of

1. \$ \_\_\_\_\_ from \_\_\_\_\_,  
(Name(s))

**7.**  
A previous support order was entered against the [ ] plaintiff

1. [ ] defendant on \_\_\_\_\_ in an action at \_\_\_\_\_,  
(Date)

1. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
(Court, term and docket number)

1.  
for the support of \_\_\_\_\_ 2.  
(Name(s))

1.  
There are (no) arrearages in the amount of \$ \_\_\_\_\_ 2.

1. The order has (not) been terminated.

8.  
[ ] Plaintiff [ ] Defendant last received support from the other

1.  
party in the amount of \$ \_\_\_\_\_ on 2 \_\_\_\_\_ .  
(Date)

WHEREFORE, Plaintiff requests that an order be entered on behalf of the aforementioned child(ren) and/or spouse for reasonable support and medical coverage.

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

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

\_\_\_\_\_  
Date Plaintiff

#### 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,

\_\_\_\_\_  
(Address)