

COMPLAINT FOR SUPPORT

INSTRUCTION SHEET

USE THIS FORM IF YOU WANT A SUPPORT ORDER.

These instructions are meant to give you general information and not legal advice.

1. You may use this form if you want support for your children (child support) and/or if you want support from your husband (spousal support). You must file separate complaints against each father.
2. Fill in the Domestic Relations Information Sheet (located separately on the Domestic Relations Division's website) with as much information as you have.
3. Complete, date, and sign the Complaint for Support (detailed instructions included).
4. The filing fee for a complaint for support is \$35.50. If you cannot pay the filing fee, you may ask to be excused from paying the fee by filing in-person a **Petition to Proceed In Forma Pauperis (IFP)**. If you receive welfare or SSI, take your welfare photo ID or proof that you receive SSI.
5. File the original **AND** six (6) copies of the completed complaint and one copy of the Domestic Relations Information Sheet with the filing fee by mailing or hand-delivering them in person to:

Clerk of Family Court
1501 Arch Street – 11th Floor
Philadelphia, Pa. 19102

A copy machine is available at the Clerk's office at a cost of \$.25 per page.

6. **If you file in person, you may pay the filing fee by money order, cash, or credit card. If you file by mail, you may pay ONLY by money order.** Make the money order payable to **PROTHONOTARY/CLERK OF FAMILY COURT. Personal checks will not be accepted.**

7. Once the complaint is filed, the Court will mail to you a copy of the complaint and an order with a date to appear for a support conference. See the brochure “Child Support in Philadelphia County” for information about the process after the complaint is filed.

TERMS THAT ARE USED IN THE COMPLAINT:

PLAINTIFF Person who is filing complaint

DEFENDANT Person against whom you are filing

HOW TO FILL IN THE COMPLAINT:

HEADING (CAPTION).

Fill in the names of the plaintiff and defendant in the heading of the complaint. The Court will give the complaint a PACSES number and put it on the copy that is mailed to you.

LINE 1.

If you are filing this complaint, you are the plaintiff. Fill in your name, address, Social Security number and date of birth. **Do not include your address if it is not safe for you and/or your children to disclose your location to the father of the child/ren.**

LINE 2.

Fill in the name, address, Social Security number and date of birth of the defendant.

LINE 3.

Circle the appropriate description of your relationship with the defendant: are/were/were never married.

LINE 4

Fill in the number, names, dates of birth, and addresses of the children who are the subject of the complaint. **Do not include your address if it is not safe for you and/or your children to**

disclose your location to the father of the child/ren.

LINE 5.

Fill in the names of the persons (child/ren and/or yourself) for whom you are seeking support.

LINE 6.

Indicate if you are receiving public assistance.

LINE 7.

List the amount and date of support last received from the defendant.

SIGN AND DATE THE COMPLAINT.

SIGN AND DATE THE VERIFICATION THAT THE STATEMENTS ARE TRUE.

IN THE COURT OF COMMON PLEAS OF PHILADELPHIA COUNTY

PLAINTIFF	:	FAMILY COURT DIVISION
vs.	:	
DEFENDANT	:	PACSES NO.
	:	

COMPLAINT FOR SUPPORT

1. The plaintiff is (name) _____
and resides at (street, city, state, zip) _____

Plaintiff's Social Security Number is _____, and date of birth is _____.

2. The defendant is (name) _____
and resides at (street, city, state, zip) _____

Defendant's Social Security Number is _____, and date of birth is _____.

3. Plaintiff and Defendant are/were/were never (circle one) married.

4. The parties are the parents of (fill in number) _____ children. The names, birth dates and residence of the child/ren are:

Name: _____ Birth Date: _____
Address: _____

Name: _____ Birth Date: _____
Address: _____

Name: _____ Birth Date: _____
Address: _____

Name: _____ Birth Date: _____
Address: _____

Name: _____ Birth Date: _____
Address: _____

Name: _____ Birth Date: _____
Address: _____

5. Plaintiff seeks support for the following persons:

6. Plaintiff (circle one) is/ is not receiving public assistance.

7. The last support received from the Defendant was _____ on _____.

WHEREFORE, Plaintiff requests that an order be entered against Defendant and for Plaintiff and/or the aforementioned child/ren for reasonable support and medical coverage.

Date: _____

Plaintiff

VERIFICATION

I, _____, verify that the statements made in the foregoing Complaint for Support 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