

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 \$10.00. 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
1133 Chestnut St.
Philadelphia, Pa. 19107

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.**

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