

UNIFORM SUPPORT PETITION

Petitioner IV-D Non Public Assistance
 IV-D Non PA Medicaid
 Full Services
 Medical Services Only

Respondent IV-D Public Assistance
 IV-E Foster Care (IV-D Case)
 Non IV-D

File Stamp

Responding IV-D Case No. _____ Initiating IV-D Case No. _____
Responding Docket No. _____ Initiating Docket No. _____

I. Action

The Respondent and/or the Respondent's property is subject to the jurisdiction of the responding tribunal.
The Respondent owes a duty of support to the following children:

Full Name (First, Middle, Last) Date of Birth Social Security No.

The Petitioner files this Petition to request:

- Establishment of a Paternity
- Establishment of Order for:
- Child Support Medical Coverage
- Spousal Support Reasonable Attorney Fees, Other Fees and Costs
- Support for a Prior Period; From: _____ To: _____
- Paternity Testing Costs in the Amount of \$ _____
- Modification of a Support Order
- Other Remedy Sought:

II. Grounds Supporting the Remedy Sought in Section I (when applicable)

- Respondent is the noncustodial parent of the children named in this Petition.
- A modification is appropriate due to a change in circumstances.
- Grounds for other remedy sought:

III. Additional Supporting Information

The following documents are attached to, and incorporated in, this Petition. These documents contain the required additional information.

Petitioner's General Testimony

Affidavit in Support of Establishing Paternity

Acknowledgment of Paternity

Birth Certificate of the Child

Other: _____

IV. Verification

Under penalties of perjury, all information and facts stated in this Petition are true to the best of my knowledge and belief.

Date Signature of Petitioner IV-D Representative/Title

to and Signed Before
Me This Date, County/State

Notary Public, Court/Agency Official and Title

Sworn

Commission Expires

Date

Signature of Petitioner's Attorney / Bar Number (if applicable)