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

Sworn to and Signed Before Me This Date, County/State

Notary Public, Court/Agency Official and Title

Commission Expires

Date

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