

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.
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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 Notary Public, Court/Agency Official and Title
 Me This Date, County/State

Commission Expires

_____ _____

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