

OFFICE USE ONLY

INTAKE I. D. _____

CASE # _____

DOCKET # _____

**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY,
PENNSYLVANIA**

DOMESTIC RELATIONS SECTION

P. O. BOX 311

NORRISTOWN, PA 19404-0311

PHONE: 610-278-3646

FAX: 610-278-3810/3959

APPLICATION FOR SUPPORT SERVICES

PLEASE PRINT CLEARLY

**NAME OF APPLICANT/
PLAINTIFF/CARETAKER _____**

RELATIONSHIP TO CHILD: MOTHER ___ FATHER ___ GRANDPARENT ___ OTHER ___

**NAME OF NON-CUSTODIAL
PARENT/DEFENDANT _____**

**I AM REQUESTING THE FOLLOWING SERVICES FROM MONTGOMERY COUNTY
DOMESTIC RELATIONS SECTION:**

**CHILD
SUPPORT _____**

**MEDICAL
COVERAGE _____**

**SPOUSAL
SUPPORT _____**

***APL _____
*DIVORCE FILED**

**DENTAL
COVERAGE _____**

**ESTABLISHMENT
OF PATERNITY _____**

DAYCARE _____

OTHER _____

ARE YOU CURRENTLY RECEIVING OR APPLYING FOR:

CASH ASSISTANCE _____

FOOD STAMPS _____

MEDICAL ASSISTANCE _____

SUBSIDIZED DAYCARE _____

HAVE YOU EVER FILED AGAINST THIS DEFENDANT BEFORE? _____

WHAT COUNTY? _____ STATE _____ CASE # _____

**I VERIFY THAT THE STATEMENTS MADE IN THE FOLLOWING APPLICATION 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.**

APPLICANT'S SIGNATURE

DATE