

In the Court of Common Pleas of

County, Pennsylvania

Phone:

Fax:

**Application for Child or Spousal Support Services**

(Please print clearly)

Name of applicant/custodian

\_\_\_\_\_

Social Security Number (SSN)

\_\_\_\_\_

Name of non-custodial parent(s)

\_\_\_\_\_

\_\_\_\_\_

**I request child/spousal support services under Title IV-D of the Social Security Act, as amended, from  
County Domestic Relations Section.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

In accordance with Section 7(b) of the Privacy Act, you are hereby notified that disclosure of your Social Security number is mandatory based on Section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], Pennsylvania Consolidated Statutes (Pa C.S.) §§4304.1 and 4353(a.2). Additionally, you are notified that this information will be used by the Title IV-D program to locate individuals for the purpose of establishing paternity and establishing, modifying, and enforcing support obligations.

**FOR OFFICE USE ONLY**

Date rec'd in DRS \_\_\_\_\_

TANF

NON-TANF

IV-E

Service Type

Form IN-001  
Worker ID