

JAIME B. TRUPP, DIRECTOR  
ANDREW T. HENDERSON, DEPUTY DIRECTOR



**DOMESTIC RELATIONS SECTION  
THIRTY-EIGHTH JUDICIAL DISTRICT**  
MONTGOMERY COUNTY COURTHOUSE • PO Box 311  
NORRISTOWN, PA 19404-0311  
OFFICE: 610-278-3646  
TOLL FREE: 1-800-771-2467  
FAX: 610-239-9637  
[WWW.MONTGOMERYCOUNTYPA.GOV/DRO](http://WWW.MONTGOMERYCOUNTYPA.GOV/DRO)

## Instructions for Petition to Modify

If you have an active support case in the Montgomery County Domestic Relations Office and want a portion or all of your order modified you may do either of the following:

### **If parties are in agreement:**

You can send in a written agreement with the effective date of the modification, what is to be modified (IE the modified amount, add daycare amount, etc.) and the signatures of both parties. **Also, include a statement regarding each party's monthly take home pay, pursuant to IV-D requirements.** You must include a photo I.D. of each party or have the agreement notarized. A telephone number should be included in case there are any questions or other information is needed.

### **If parties are not in agreement:**

You must file a petition to modify. Please read the following instructions carefully before completing your petition. Fill in all the blanks on the petition to the best of your knowledge, including the caption and case number at the top. If you receive support, you are the plaintiff, if you pay support you are the defendant. Make sure to clearly explain the reason you want your order changed.

1. Return the petition to the Montgomery County Domestic Relations Office by mail or in person.
2. Upon receipt a conference will be scheduled. All parties will be mailed a notice to appear with the date and time of the conference. You must be present for the conference or have made other arrangements with the officer conducting the conference or your petition will be dismissed.

If you have an Attorney, you may wish to consult with them before filing a petition to modify or sending in an agreement.

At the conference, the Officer will consider all issues raised by both parties and make a recommendation based on the Pennsylvania Support Guidelines and the parties current incomes. **It is possible the officer may recommend an outcome different from what has been requested by the petitioner.**

**If your support order was not established by Montgomery County, you must appear in the Montgomery County Domestic Relations Office Monday thru Friday between 8:30AM and 2:00PM to file your petition where you will be seen by an Intake worker. Please bring current paystubs, current tax returns, W-2's, and proof of daycare/medical premium costs if applicable.**

### Mail petition to:

Montgomery County  
Domestic Relations Section  
PO Box 311  
Norristown PA 19404-0311

OR

### Return in person to:

Montgomery County  
Domestic Relations Section  
425 Swede Street  
1 Montgomery Plaza (1<sup>st</sup> Floor)  
Norristown PA 19401

In the Court of Common Pleas of MONTGOMERY County, Pennsylvania

DOMESTIC RELATIONS SECTION

DOMESTIC RELATIONS, PO BOX 311, NORRISTOWN, PA. 19404-0311

Phone: (610) 278-3646

Fax: (610) 239-9637

vs.	Plaintiff	) Docket Number: ) ) PACSES Case Number: ) ) Other State ID Number:
	Defendant	

**PETITION FOR MODIFICATION  
OF AN EXISTING SUPPORT ORDER**

The appropriate court officer may modify or terminate the existing order in any manner based upon the evidence presented. The Trier of Fact may increase, decrease or terminate the existing order based upon the evidence presented. An order may be entered against either party without regard to which party filed the modification petition.

Per 1910.19(b) After a party has filed a petition for modification, the petition may not be withdrawn unless both parties consent.

Per 1910.19(g)2 If the modification order results in a credit balance and there is no charging order in effect, the defendant may file for recovery of the overpayment, within 1 year of the termination of the charging order.

1. The petition of \_\_\_\_\_ respectfully represents that on \_\_\_\_\_, an order of Court was entered for the support of \_\_\_\_\_

A true and correct copy of the order is attached to this petition.



2. Petitioner is entitled to  increase  decrease  termination  reinstatement  
 other of this Order because of the following material and substantial change(s) in  
circumstance:

**WHEREFORE**, Petitioner requests that the Court modify the existing order for support.

\_\_\_\_\_  
Petitioner                      Attorney for Petitioner

I verify that the statements made in this complaint 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner



**In the Court of Common Pleas of MONTGOMERY County, Pennsylvania**

**DOMESTIC RELATIONS SECTION**

DOMESTIC RELATIONS, PO BOX 311, NORRISTOWN, PA. 19404-0311

**Phone:** (610) 278-3646

**Fax:** (610) 239-9637

PLEASE FILL OUT THE BELOW FORM AND RETURN WITH YOUR PETITION FOR MODIFICATION

**INFORMATION ABOUT YOU**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WORK TELEPHONE NUMBER: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

**INFORMATION ABOUT THE OTHER PARTY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WORK TELEPHONE NUMBER: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

**INFORMATION ABOUT MEDICAL INSURANCE**

SUBSCRIBER: \_\_\_\_\_ RELATIONSHIP TO ABOVE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ COVERAGE BEGIN DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GROUP NAME/NO. \_\_\_\_\_ POLICY NO. \_\_\_\_\_

PERSONS COVERED UNDER PLAN: \_\_\_\_\_

v.

PACSES Case Number:



**This form should be only be completed if you have are filing a Petition for Modification to add a child or children to an existing case. This form must be submitted with the completed Petition for Modification.**

**DEMOGRAPHICS:**

**PLAINTIFF'S / CARETAKER'S INFORMATION:**

Name (Last, First, Middle): \_\_\_\_\_ Alias: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Mother's Name (if not the Plaintiff): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Preferred Contact Phone: \_\_\_\_\_ (mobile/work/home)

Email address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**DEFENDANT'S INFORMATION:**

Name (Last, First, Middle): \_\_\_\_\_ Alias: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Preferred Contact Phone: \_\_\_\_\_ (mobile/work/home)

Email address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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**How many children do you wish to add to the existing case? \_\_\_\_\_**

(Request the additional form if more than 2 children are being added)

Does the child(ren) have current medical coverage? (Y/N) \_\_\_\_\_ Medical Assistance? (Y/N): \_\_\_\_\_

Subscriber: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are you receiving cash assistance (TANF)? (Y/N) \_\_\_\_\_ Applying? (Y/N) \_\_\_\_\_

**CHILDREN'S INFORMATION:**

Child's Name (Last, First, Middle): \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

SSN: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Hospital of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is Paternity Established? (Y/N): \_\_\_\_\_ Is the Father's name on the birth certificate? (Y/N): \_\_\_\_\_

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Child's Name (Last, First, Middle): \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

SSN: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Hospital of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is Paternity Established? (Y/N): \_\_\_\_\_ Is the Father's name on the birth certificate? (Y/N): \_\_\_\_\_

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Were the parents' of the child legally married to each other at the time of the child's birth? (Y/N) \_\_\_\_\_

Date of marriage (mm/dd/yyyy): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Separation (mm/dd/yyyy): \_\_\_\_\_ Date of Divorce (mm/dd/yyyy): \_\_\_\_\_

Is the child(ren) the subject of any custody action? (Y/N): \_\_\_\_\_

Do you have any concern for family violence? (Y/N): \_\_\_\_\_

Is there an active PFA? (Y/N): \_\_\_\_\_ Docket No: \_\_\_\_\_ County: \_\_\_\_\_

Do you have a need to keep your address confidential? (Y/N) \_\_\_\_\_

**I verify that the statements in this document are true and correct to the best of my knowledge. I understand that any false statement is subject to penalty in 18 Pa. C.C. § 4904 relating to unsworn falsification to authorities.**

\_\_\_\_\_  
Plaintiff/Caretaker Signature

\_\_\_\_\_  
Date



**CHILDREN'S INFORMATION**  
**(Additional form)**

Name (Last, First, Middle): \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

SSN: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Hospital of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is Paternity Established? (Y/N): \_\_\_\_\_ Is the Father's name on the birth certificate? (Y/N): \_\_\_\_\_

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Name (Last, First, Middle): \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

SSN: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Hospital of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is Paternity Established? (Y/N): \_\_\_\_\_ Is the Father's name on the birth certificate? (Y/N): \_\_\_\_\_

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Name (Last, First, Middle): \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

SSN: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Hospital of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is Paternity Established? (Y/N): \_\_\_\_\_ Is the Father's name on the birth certificate? (Y/N): \_\_\_\_\_