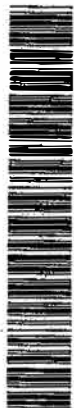


Instructions for completing the petition for modification of an existing support order

1. This form works best in the Edge browser. To open Edge on a Windows computer, press the Windows key, type "Edge" and select it. If you need to install Edge, please visit <https://www.microsoft.com/en-us/edge>
2. Please complete the entire form. If a question doesn't apply, please indicate N/A. If the answer to a question is unknown, please indicate "unknown."
3. Once done, save or download a copy.
4. Email the file to LancoIntake@pacses.com

Thank you.

In the Court of Common Pleas of Lancaster County, Pennsylvania

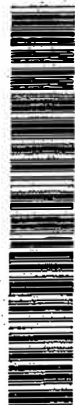


vs.	Plaintiff) Docket Number:
) PACSES Case Number:
	Defendant) Other State ID Number:

**PETITION FOR MODIFICATION
OF AN EXISTING SUPPORT 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.



Service Type

Form OM-511 07/15
Worker ID

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.

X

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.

X

Date

X

Petitioner



CONFERENCE INFORMATION SHEET

CASE NUMBER: _____

DATE: _____

DEFENDANT

NAME _____
ADDRESS _____
TELEPHONE # _____
EMAIL ADDRESS _____
SOCIAL SECURITY # _____
DATE OF BIRTH _____
EMPLOYER NAME _____
EMPLOYER ADDRESS _____
EMPLOYER TELEPHONE # _____
ATTORNEY (filing party only): _____
ATTORNEY TELEPHONE NUMBER _____

PLAINTIFF

NAME _____
ADDRESS _____
TELEPHONE # _____
EMAIL ADDRESS _____
SOCIAL SECURITY # _____
DATE OF BIRTH _____
EMPLOYER NAME _____
EMPLOYER ADDRESS _____
EMPLOYER TELEPHONE # _____
ATTORNEY (filing party only): _____
ATTORNEY TELEPHONE NUMBER _____

ADDITIONAL INFORMATION

MODIFICATION PETITION FILED BY: _____
REASON MODIFICATION PETITION FILED: _____

