

IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA

(Person seeking APL) Petitioner

(Person seeking APL) Respondent

: ACTION TO DETERMINE APL
: DRO Docket No. _____ -SA-
: PACSES No. _____
: DRO. No. _____
: Civil Action – Law – Action in Divorce
: Docket No. _____ SE/FC- _____ -Y15

PETITION FOR ALIMONY PENDENTE LITE

TO THE HONORABLE, THE JUDGES OF SAID COURT:

The Petitioner respectfully represents:

1. That the Petitioner, _____, is an individual residing at _____, is the (strike out one) Plaintiff / Defendant in the underlying Divorce Action, and pleaded the issue of *alimony pendente lite* in his/her _____ (name of pleading) filed with the Prothonotary on _____.
2. That the Respondent, _____, is an individual residing at _____, and is the (strike out one) Plaintiff / Defendant in the underlying Divorce Action.
3. That the Petitioner and Respondent were married on _____ at _____ and separated on _____.
4. That the Respondent has not sufficiently provided support for the Petitioner.
5. That the Respondent is believed to be employed at _____, address _____ and earns \$ _____ net per _____. The Respondent's social security number is _____.
6. That the Petitioner is/is not employed at _____, address _____ and earns \$ _____ net per _____. The Petitioner's social security number is _____.
7. That the Petitioner is/is not receiving public assistance in the amount of \$ _____ semi-monthly for _____ persons. DPW No. _____.
8. That the amount asked by the Petitioner for Alimony Pendente Lite is _____.

WHEREFORE, Petitioner prays that the Court enter an Order of Alimony Pendente Lite against the Respondent, as well as require the Respondent to provide medical support for the Petitioner, if appropriate.

I verify that the statements made in this complaint, and attached exhibits if any, are true and correct. I understand that false statements herein are made subject to the penalties of 18PA.C.S. sec. 4904, relating to unsworn falsification to authorities.

Date

Petitioner/Counsel for Petitioner

Date

Petitioner/Counsel for Petitioner

(Person receiving APL)

(Person paying APL)

: ACTION TO DETERMINE APL

: DRO Docket No. -SA

: PACSES No.

: DRO. No.

: Civil Action – Law – Action in Divorce

: Docket No. -SE/FC- -Y15

PETITION FOR AMENDMENT OF ALIMONY PENDENTE LITE ORDER

The undersigned Petitioner respectfully represents that:

That Petitioner is _____ and resides at _____.

That Respondent is _____ and resides at _____.

That Petitioner was the (Plaintiff/Defendant) in a divorce/APL action instituted in the Court of Common Pleas of York County, Pennsylvania, and an order dated _____ was made in said action, that required _____ to pay *alimony pendente lite* to _____ in the amount of \$ _____ per week/two weeks/month (**strike out two**).

That since the entry of said Order there has been a material and substantial change in circumstances:

_____ Increase in the income of _____ -

_____ Decrease in the income of _____

_____ Obligation to pay APL no longer exists because:

_____ Other specific changes as follows: _____

That by reason of said change in circumstances; the said Order should be modified as follows: _____

WHEREFORE, Petitioner respectfully prays that the said Order of Court be modified as requested above, and for such other relief as the Court may find just and proper.

I verify that the statements made in this Petition are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. 4904, relating to unsworn falsification to authorities.

Date:

Petitioner/Attorney

In the Court of Common Pleas of York County, Pennsylvania

DOMESTIC RELATIONS SECTION
PO BOX 1502, YORK, PA. 17405

Phone: (717) 771-9605

Fax: (717) 771-9817

Plaintiff Name:
Defendant Name:
Docket Number
PACSES Case Number:
Other State ID Number:

Please note: All correspondence must include the PACSES Case Number.

Social Security Number Disclosure Notice

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)] and Sections 4304.1(a) and 4353(a.2) of the Pennsylvania Domestic Relations Code [23 Pa.C.S. 4304.1(a) 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.

Plaintiff Signature

Date

**PETITION FOR ALIMONY PENDENTE LITE
INSTRUCTIONS**

1. Persons seeking entry of an Order for Alimony Pendente Lite must file a MOTION FOR APPOINTMENT OF A MASTER for APL. This Motion must be filed with the Divorce Masters Office IN ALL CASES. If the Motion requests any relief other than APL, the matter will be heard in the Divorce Masters Office. If the Motion seeks only APL, it will be referred to the Domestic Relations Office.
2. The person asking to receive APL payments is the "Petitioner" in all cases, regardless of whether he or she is the Plaintiff or Defendant in the underlying divorce action.
3. Prior to filing a Motion for Appointment, the moving party must pay the \$50 filing fee in the Office of the Prothonotary. The Prothonotary will clock in the Motion at this time, and return it to the moving party to be taken to the Divorce Masters Office where the ORDER APPOINTING MASTER will be filled out.
4. Persons seeking entry of an Order for Alimony Pendente Lite must also fill out the PETITION FOR ALIMONY PENDENTE LITE, the BACKGROUND FOR APL, and the SOCIAL SECURITY NUMBER DISCLOSURE NOTICE. The DRO Docket No., PACSES No. and DRO No. must be filled in if the Petition is to be heard as part of an existing support proceeding. Otherwise, these should be left blank pending assignment of numbers by the Domestic Relations Office. The Civil Action Docket Number must always be filled in.
5. The APL Petitioner must bring the following to the Divorce Masters Office:
 - The Motion for Appointment (original plus two copies);
 - The payment receipt;
 - The Petition for Alimony Pendente Lite (three copies clocked in at Prothonotary)
 - The Background for APL (one original and two copies);
 - The Social Security Number Disclosure Notice (one original); and
 - A copy of the initial pleading raising the APL claim (if different from the Petition for Alimony Pendente Lite)

An Income and Expense statement is not required at this point for cases to be heard by the DRO. A blank I&E Statement will be mailed to each party with the scheduling notice and will be submitted to the DRO at the time of the conference.

6. The Divorce Masters Office will process the Motion and file the original with the Prothonotary. If the Domestic Relations Office is to conduct the proceedings, the Divorce Masters Office will forward the following to the DRO:

One copy of the Motion for Appointment;

Two copies of the Petition for Alimony Pendente Lite;

The original and two copies of the Background;

The original Social Security Disclosure Notice; and

The copy of the initial APL pleading (if applicable)

7. Parties will receive a scheduling order from either the Domestic Relations Office or the Divorce Masters Office, depending on which office is to conduct the proceedings.

8. Petitions for Modification will be handled the same way, with the following exceptions:

The Background form and the initial APL pleading are not required.

The names in the caption will be the same as they appear on the APL Petition, but the person seeking the change is now the person referred to as "Petitioner" in the body of the pleading.

The purpose of these changes is to make sure the names of the parties appear in the correct order in the caption of all DRO documents. The name of the person receiving the money must appear first, and the name of the person paying the money must appear second, regardless of which one is requesting the hearing.

BACKGROUND FOR APL PETITION

Name of Petitioner _____ Social Security Number _____
Address _____
Date of Birth _____ Place of Birth _____ Phone # _____
Maiden name of Petitioner _____ Name of Attorney _____
Name and Address of employer _____
Occupation _____ Average weekly net income _____

Name of Respondent _____ Social Security Number _____
Address _____
Date of Birth _____ Place of Birth _____ Phone # _____
Name and Address of employer _____
Occupation _____ Average weekly net income _____

Respondent's military service _____ Respondent's Atty. _____
Race _____ Height _____ Weight _____ Color hair _____ Eyes _____
Respondent's Father's name and address _____
Respondent's Mother's name and address _____
Other income(s) for parties (if applicable) _____

When and Where married _____ Date of separation _____
Last marital domicile _____
Are you Plaintiff or Defendant in the underlying divorce action? _____
Prothonotary's Docket No. _____
When and how much was the Respondent's last contribution for APL/Spousal support? _____

Are you receiving Public Assistance?() Yes () No; Dept. of Public Welfare # _____
Did you ever file a complaint for support or APL in any court? () Yes () No
If so, Where? _____ What is the status of that case? _____

Reason for separation _____
Remarks _____

Are you requesting medical support services? _____
Medical Insurance Information: Complete this section as fully as possible at the time of application.

Who insures the Petitioner for whom APL is requested?
_____ Respondent _____ Petitioner

Respondent's Insurance Information
Insurance Carrier: _____

Petitioner's Insurance Information
Insurance Carrier: _____

Group/Policy/Agreement number: _____

Group/Policy/Agreement number: _____

List of names for those covered: _____

List of names for those covered: _____

- Type of Coverage:
() Medicare Part A
() Medicare Part B
() Dental coverage
() Vision coverage
() Major Medical coverage
() Hospital Plan only
() Basic Hospitalization/Physician
() Drug/Prescription coverage/Plan
() NO COVERAGE AVAILABLE AT PRESENT

- Type of Coverage:
() Medicare Part A
() Medicare Part B
() Dental coverage
() Vision coverage
() Major Medical coverage
() Hospital Plan only
() Basic Hospitalization/Physician
() Drug/Prescription coverage/Plan
() NO COVERAGE AVAILABLE AT PRESENT

Date _____ Petitioner/Attorney Signature _____

-----Domestic Relations Office Use Below This Line-----

Date APL request received by DRS _____ DRO number _____
Docket number _____

Conference Information _____

DATE MEDICAL INFORMATION IS FULLY COMPLETED AND VERIFIED _____

H.O./DRO worker inserting completion date _____ Date PC Data _____