

## **Elk County Domestic Relations Section**

P.O. Box 305

Ridgway, Pa. 15853

Phone: 1-814-772-5155

Fax: 1-814-772-4411

Email: cselk@pases.com

### **Instructions for Completing Modification Agreement**

1. Complete the Memorandum of Modification Agreement with all the information: Plaintiff, Defendant, Docket Number, PACSES Case Number, Plaintiff and Defendant net monthly incomes, name of dependents and date of birth, what amount you want the monthly support amount to be amended/changed to be, guideline support obligation calculation, and the reasons for deviating from the state guideline amount. You will also need to fill in the section concerning medical insurance; and include any other provisions that you want put in the order.
  - a. Guideline calculations may be obtained from the website [www.childsupport.state.pa.us](http://www.childsupport.state.pa.us)
2. Take the completed form to a notary public and have them witness you signing it. Both parties must sign the form and both signatures must have a separate notary seal. If you return the form by mail and your signature is not notarized, it will not be processed.
3. Once the completed form is returned to our office, we will make the necessary adjustments and the modified order will be mailed to both parties once it is signed by the judge.
4. If either party has any questions, they may contact this office in writing, by fax, or by email.

IN THE COURT OF COMMON PLEAS OF THE FIFTY-NINTH  
JUDICIAL DISTRICT OF PENNSYLVANIA

	:	COUNTY BRANCH - ELK
Plaintiff	:	
	:	PACSES Case #
vs.	:	
	:	DOCKET NO.
	:	
Defendant	:	Other State ID #

**Modification Agreement**

INCOME:

- Plaintiff's Net Income (pay after taxes): \_\_\_\_\_ per Month.
- Defendant's Net Income (pay after taxes): \_\_\_\_\_ per Month.

DEPENDENTS:

- Indicate the full name and date of birth for each person for whom support is being paid:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

SUPPORT:

- **Agreed-Upon Support Amount (enter dollar amount):** \$ \_\_\_\_\_ **per Month**
- State guideline support obligation is calculated to be (enter dollar amount): \$ \_\_\_\_\_ per month.
- Parties agree to deviate from the state guideline support amount for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- **Effective Date of the Agreed-Upon Support Amount (enter date):** \_\_\_\_\_

- ARREARS PAYMENT WILL BE 25% of the current amount. However, if any payment is missed, the arrears payment will be increased to 50% of the current amount.

**MEDICAL COVERAGE:**

- Party Providing Medical Coverage (circle one):      Plaintiff      Defendant
  - The Access card is NOT considered as medical insurance.
  - Name of Insurance Company: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - Policy #: \_\_\_\_\_
  - Group #: \_\_\_\_\_
  - Cost to Party Providing Insurance: \_\_\_\_\_
- Unreimbursed Medical Expenses exceeding \$250.00 per dependent per year shall be amended to:
  - \_\_\_\_\_ Remain the same as previous order
  - \_\_\_\_\_ % Paid by Plaintiff, and \_\_\_\_\_ % Paid by Defendant (must add up to 100%)

OTHER PROVISIONS (subject to approval of the court): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Plaintiff's Signature                      Date

\_\_\_\_\_  
 Defendant's Signature                      Date

\_\_\_\_\_  
 Plaintiff's Printed Name

\_\_\_\_\_  
 Defendant's Printed Name

SWORN AND SUBSCRIBED TO  
 ME THIS:  
 \_\_\_\_\_ DAY OF \_\_\_\_\_,  
 20\_\_\_\_.

SWORN AND SUBSCRIBED TO  
 ME THIS:  
 \_\_\_\_\_ DAY OF \_\_\_\_\_,  
 20\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

\_\_\_\_\_  
 NOTARY PUBLIC

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JUDICIAL DISTRICT OF PENNSYLVANIA

Plaintiff : COUNTY BRANCH - ELK  
: :  
: PACSES Case #  
vs. : :  
: DOCKET NO.  
: :  
Defendant : Other State ID #

**Precipe of Appearance**

Please enter my appearance in the above captioned case for Plaintiff / Defendant (circle one).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Printed Name

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Attorney State ID Number

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:   
: PACSES Case #  
vs. :   
: DOCKET NO.  
:   
Defendant : Other State ID #

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Plaintiff's Signature                      Date

\_\_\_\_\_  
 Defendant's Signature                      Date

\_\_\_\_\_  
 Plaintiff's Printed Name

\_\_\_\_\_  
 Defendant's Printed Name

SWORN AND SUBSCRIBED TO  
 ME THIS:

SWORN AND SUBSCRIBED TO  
 ME THIS:

\_\_\_\_\_ DAY OF \_\_\_\_\_,  
 20\_\_\_\_.

\_\_\_\_\_ DAY OF \_\_\_\_\_,  
 20\_\_\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC

\_\_\_\_\_  
 NOTARY PUBLIC