Phone:

Fax:

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

Please note: All correspondence must include the PACSES Case and Member ID Numbers.

## Notice of Employment

## Dear

You have been directed to notify the Domestic Relations Section of your employment status. Please provide the following information within ten (10) days to the above address.

1. Name:	
2. SSN:	
3. Address:	
4. Telephone number:	
5. Employer's name:	
6. Employer's address:	
7. Employer's phone number:	
8. Date employment began:	
9. Rate of Pay:	
10. Medical insurance provider name:	
11. Policy number:	
12. Name(s) of dependent(s) covered:	
13. Effective date of coverage:	
If not eligible for insurance now, when will coverage be available?	
14. Cost of dependent coverage:	
15. Other income:	
	EN-016

Failure to comply with your present order of support may result/or has resulted in further enforcement action. Ongoing enforcement activities for failing to comply with your present order of support could include: denial of your passport, contempt proceedings, suspension of your Driver's, Professional, Occupational, and/or Recreational (hunting and fishing) Licenses; seizure of your checking, savings, Individual Retirement Accounts and other financial assets; seizure of your Federal and State Tax Refunds; liens against any property that you own; credit bureau reporting, interception of Lottery winnings and publication of your name in the newspaper as a delinquent obligor.

You may access the website at <u>www.childsupport.state.pa.us</u> to provide your employment information, find out how to make payments, or to request a modification of your order if your employment or living circumstances have changed substantially and you are unable to pay your entire support obligation. Please contact your Domestic Relations Section if you made a payment since receiving this notice, or have questions about making payments.

Sincerely,