

## PRE-FILING QUESTIONNAIRE

Plaintiff Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Ph.# \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

1. Do you have an existing case? \_\_\_\_\_ **OR** support order in PA or another state? \_\_\_\_\_

Did you ever have an open case in PA? \_\_\_\_\_ When? \_\_\_\_\_

Do you have a PFA against the Defendant? \_\_\_\_\_ Hearing Date: \_\_\_\_\_

2. The Defendant's name: \_\_\_\_\_

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

County: \_\_\_\_\_

3. Do you know his/her SS#? \_\_\_\_\_ Do you know his/her date of birth? \_\_\_\_\_

4. Do you know where the Defendant is employed? \_\_\_\_\_

If he/she receives SSD, do the child(ren) receive a derivative from the SSD? \_\_\_\_\_

5. Are you a victim of domestic violence with this Defendant or anyone else? \_\_\_\_\_

6. Do the children reside with you? \_\_\_\_\_ Do any of the children reside with the Defendant? \_\_\_\_\_

7. Do you wish to file for spousal support? \_\_\_\_\_ Is this spousal only? \_\_\_\_\_

8. What type of insurance coverage do the children have? \_\_\_\_\_

Through whose employer? \_\_\_\_\_

9. Have you ever received cash assistance in PA or any other state? \_\_\_\_\_

**Date and Time of Appointment:** \_\_\_\_\_

<p><b>DRS use only:</b> Was a 4 page questionnaire given to client? _____ If case is to be filed out of state, was an income &amp; expense statement given? _____ If case is to be filed out of state &amp; paternity is an issue, was a paternity affidavit given? _____</p>
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