

UNIFORM SUPPORT PETITION

Petitioner: Name (first, middle, last)

Social Security Number

IV-D Case: TANF

IV-E Foster Care

Medicaid Only

Former Assistance

Never Assistance

Respondent: Name (first, middle, last)

Social Security Number

Non-IV-D Case:

File Stamp

Responding IV-D Case Number _____

Responding Tribunal Number _____

Initiating IV-D Case Number _____

Initiating Tribunal Number _____

I. Action

The Respondent and/or the Respondent's property is subject to the jurisdiction of the responding tribunal. The Respondent owes a duty of support to the following child(ren):

Full Legal Name (first, middle, last)

Date of Birth

Social Security Number

The Petitioner files this Petition to request (check all that apply):

Establishment of Paternity

Establishment of Order for:

Current Child Support, Including Medical Support

Retroactive Child Support

Medical Support Only

Spousal Support

Costs and Fees

Modification of a Support Order

Determination of Controlling Order and Arrears Reconciliation

Other Remedy Sought: _____

II. Grounds Supporting the Remedy Sought in Section I (when applicable)

Respondent is the non-custodial parent of the child(ren) named in this Petition. Respondent has not provided support since: child's birth or _____ (date)

A modification is appropriate due to a change in circumstances

Existence of valid multiple orders

Grounds for other remedy sought:

III. Additional Supporting Information

The following documents are attached to, and incorporated in, this Petition. These documents contain the required additional information.

- Petitioner's General Testimony
- Affidavit in Support of Establishing Paternity
- Acknowledgment of Paternity
- Birth Certificate of the Child
- Other: _____

IV. Verification

Under penalty of perjury, all information and facts stated in this Petition are true to the best of my knowledge and belief.

Date Signature of Petitioner IV-D Representative/Title

Sworn to and Signed Before Me This Date, County/State Notary Public, Court/Agency Official and Title

Commission Expires

Date Signature of Petitioner's Attorney / Bar Number (if applicable)