



**Lehigh County Domestic Relations Section  
Room 320  
455 W. Hamilton Street  
Allentown, PA 18101**

**Julia Parker Greenwood  
Director**

**610-782-3185  
610-782-3725 (fax)**

Docket No: \_\_\_\_\_

PACSES Case ID: \_\_\_\_\_

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

Defendant Name: \_\_\_\_\_

**PROPOSED MODIFICATION FORM**

To enter into an agreement, both parties must appear together in the Domestic Relations Section on a Wednesday between the hours of 8:00AM and 3:30PM with this completed form and photo identification. Failure to complete this form in its entirety with all of the required information may result in the agreement not being accepted.

If the plaintiff is receiving cash assistance for the child(ren) from the Department of Human Services, parties may not enter into an agreement for support unless the agreement is based on the Pennsylvania Support Guidelines.

Based on the income and expense information provided on this form, the conference officer will calculate a guideline support amount based on the Pennsylvania Support Guidelines. Parties may reject the guideline amount and enter into an agreement for a different amount. If an agreement is entered that is different from the guideline support amount, the agreement is binding, and any future petition to modify that is filed shall be compared against the agreement.

**1. Defendant's (Payer) Income (include bonuses, tips, part-time & full-time wages):**

If paid hourly, rate of pay: \$ \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

If paid salary, gross income: \$ \_\_\_\_\_ Tips/bonuses/other income: \$ \_\_\_\_\_

Pay Frequency (check one):      Weekly      Bi-weekly      Semi-Monthly      Monthly

**2. Plaintiff's (Payee's) Income (include bonuses, tips, part-time & full-time wages):**

If paid hourly, rate of pay: \$ \_\_\_\_\_ Number of hours per week: \_\_\_\_\_

If paid salary, gross income: \$ \_\_\_\_\_ Tips/bonuses/other income: \$ \_\_\_\_\_

Pay Frequency (check one):      Weekly      Bi-weekly      Semi-Monthly      Monthly

3. Amount of proposed MONTHLY support: \$ \_\_\_\_\_.

4. List the children who will be covered under this support order (including spouse, if there is spousal support):

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If the support order includes spousal support, indicate the amount of MONTHLY support for the child(ren) and the for the spouse:

Amount for child support: \$ \_\_\_\_\_

Amount for spousal support: \$ \_\_\_\_\_

Total monthly support obligation: \$ \_\_\_\_\_ (same amount in #3)

5. Monthly amount for arrears (back support) payment \$ \_\_\_\_\_

Do not enter \$0. Every support case must include an amount payable on the arrears. Normally, the arrears payment is 10-25% of the total monthly support obligation.

6. The effective date of the modified support order: \_\_\_\_\_.

7. Health Insurance:

Who provides health insurance coverage? \_\_\_\_\_

Cost of the health insurance plan(s): \$ \_\_\_\_\_

Frequency (check one):      Weekly      Bi-weekly      Semi-Monthly      Monthly

Number of individuals who are covered on the health insurance plan(s): \_\_\_\_.

Number of dependents on the case who are covered on the health insurance plan(s): \_\_\_\_.

A copy of both sides of the health insurance cards must be provided with this form. If health insurance coverage is being provided by a third party (i.e.: step parent), a copy of the health insurance card must be provided.

If there is no health insurance, both parties must take steps to obtain coverage through an employer if a plan exists at a reasonable cost, or through a state based plan such as the Pennsylvania Children's Health Insurance Program (CHIP).

Visit [www.chipcoverspakids.com](http://www.chipcoverspakids.com).

8. Shared Percentage of Unreimbursed Medical Expenses:

Defendant: \_\_\_\_\_ %

Plaintiff: \_\_\_\_\_ %

