

In the _____ Court for _____ County, State of _____

)	
)	
In re: _____)	Case No:
Petitioner)	
)	
vs.)	Division:
)	
_____)	
Respondent)	

UNIFORM SUPPORT PETITION

1. This petition of petitioner, _____ (name), respectfully shows the court that this petition is for [check all that apply]:

_____ Support _____ Medical coverage _____ Arrearage

_____ Reimbursement _____ Establishment of paternity

_____ A Paternity Affidavit is attached for reference

_____ The General Testimony for URESA is attached for reference

2. Petitioner, _____ (name), resides at _____

_____ (address) and has custody of the following dependents of the respondent:

Names	Date of Birth
_____	_____
_____	_____
_____	_____

3. Petitioner and the respondent were [check one only]:

Never married to each other.

Married on this _____ (day) of _____ (month), _____ (year).

Divorce is pending (date filed _____) in _____ County,
_____ (State).

Divorced on _____ (day) of _____ (month), _____ (year) in
_____ County, _____ (State).

4. Respondent resides at:

Respondent's last known employer and address of employer is

5. The dependents are entitled to support and/or medical coverage from the respondent.

Respondent has a legal obligation to pay support pursuant to the laws of the initiating state,
which is enforceable under the following reciprocal support status reference: _____.

6. Since the date of _____ respondent has not provided support for the named
dependents.

7. a. The respondent is not under a court order to pay child support.

b. The respondent is under a court order to pay support (see attached order).

c. The respondent should pay the amount of ongoing support for the dependents in an
amount as permitted by the law of the responding state.

Wherefore, the petitioner requests an order for the following: [check all that apply]

Child support in the amount prescribed by law.

Registration and enforcement of the attached current support order.

Medical coverage.

_____ Arrearage as prescribed by law from the date of _____.

_____ Payment of costs and attorney's fees by the respondent.

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

By: _____ (signed)

_____ (printed)

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me on _____, _____ (year)

by _____.

Witness my hand and official seal.

Signature of Notary

Affiant: _____ Known _____ Produced ID

Type of ID _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM HE/SHE MUST FILL IN THE BLANKS BELOW. [FILL IN ALL BLANKS]

I, (name of nonlawyer) _____, a nonlawyer, located at
(street) _____ (city) _____ (state) _____,
(phone) _____, helped (name) _____, who is the
(petitioner) (respondent), fill out this form.