

**Court of Common Pleas of Clinton County, Pennsylvania  
Domestic Relations Section  
232 East Main Street, Suite 200  
Lock Haven, PA 17745  
570-893-4050**

**To schedule an appointment, please call  
Susanne Shaffer at (570)893-4050, ext. 3381 OR  
Colleen Wise at (570) 893-4050, ext. 3380 after you have completed this form.**

**INTAKE PACKET PROCEDURE TO APL ONLY**

YOU **MUST** PROVIDE A COPY OF THE DIVORCE COMPLAINT IN ORDER TO FILE. Addresses for *all* parties is essential in order to file.

Complete this packet to the best of your ability. After you have finished, call for an appointment. Please bring this completed form and the items listed below to your appointment.

**DO NOT MAIL OR DROP OFF THE INTAKE INFORMATION FORM.**

You must personal speak with an intake officer and schedule your appointment **BEFORE** returning your intake packet to the office.

**PLEASE BRING THE FOLLOWING WITH YOU WHEN FILING:**

A copy of your divorce complaint,

Your most recent Federal Income Tax Return, including W-2s,

Your pay stubs for the preceding six months or last one if year to date included,

Insurance card,

Information relating to professional licenses,

Proof of Social Security benefits or Veterans Administration benefits,

Any information you may have regarding the defendant's income and

Photo I.D.

**Personal Information**

	Your Information	Defendant's Information
Name		
Address		
Phone		
SSN		
Date of Birth		
Driver's License Number		
Email address		
Employer		
Address of Employer		
Wages-indicate pay period		
Additional income: social security, VA benefits, unemployment		
Military Service & Branch		
Do you or the defendant have minor children?		

**Attorney Information**

	Your Information	Defendant's Information
Attorney		
Address of Attorney		
Phone number of Attorney		

**Medical Insurance**

Insurance Carrier	
Address of Insurance Carrier	
Policy Number	
Who provides the insurance	
Is this provided through the employer?	
Costs of Coverage	
Persons Covered	

**Marital Information**

Marital Status with respect to defendant (circle)	Divorce   Married   Separated   Single
Date of Marriage	
Date of Separation	
Date Divorce file	
County where divorce filed	
Address of last marital domicile	
Is there Protection from Abuse Order (circle)	Yes                      No
Do you have any concern regarding family violence	
Do you need to keep your address confidential	

I verify that the statements in this document are true and correct to the best of my knowledge. I understand that any false statement is subject to penalty in 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff's Signature