

# The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

## PETITION FOR CHILD SUPPORT ARREARS

DCSE NUMBER \_\_\_\_\_ FILE NUMBER \_\_\_\_\_ PETITION NUMBER \_\_\_\_\_

### Petitioner

Name \_\_\_\_\_ DOB \_\_\_\_\_

### Respondent

Name \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

Apt. or P.O. Box Number \_\_\_\_\_

Apt. or P.O. Box Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Attorney Name and Phone Number \_\_\_\_\_

Attorney Name and Phone Number \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Address: \_\_\_\_\_

IN THE INTEREST OF: (Include last name.)

Name _____	DOB _____	Name _____	DOB _____	Name _____	DOB _____
Name _____	DOB _____	Name _____	DOB _____	Name _____	DOB _____

The prior Court order dated \_\_\_\_\_ required the respondent to pay \$ \_\_\_\_\_ current support plus \$ \_\_\_\_\_ arrears/back support per \_\_\_\_\_ :

The Petitioner seeks the Court to direct the Respondent to appear in this Court to show cause why RESPONDENT should not be held in contempt for the following:

RESPONDENT has failed to comply with the Support Order mentioned above and is in arrears as of this date in the amount of \$

and is therefore in contempt of said Order. The last payment was received on

RESPONDENT has failed to comply with the medical provisions of this Order.

Basis for medical claim: \_\_\_\_\_

Establish arrears and enter a judgment that can be recorded as a lien in the Office of the Prothonotary

Other

Therefore, the Petitioner requests the child support obligation be enforced and that the Court impose such sanctions, penalties or other relief as deemed appropriate.

\_\_\_\_\_

Date

\_\_\_\_\_

Petitioner/Attorney