

Miscellaneous Unreimbursed Expenses

PLAINTIFF: _____

DOCKET NUMBER: _____

DEFENDANT: _____

PACSES NUMBER: _____

NAME OF DEPENDENT: _____ (You must complete a separate form for each defendant – child/spouse) AMOUNT

ASSIGNED TO PLAINTIFF/DEFENDANT PER THE CURRENT SUPPORT ORDER:

PLAINTIFF: _____

DEFENDANT: _____

ANY ADDITIONAL PROVISIONS OF THE COURT ORDER: _____

Date(s) of Service	Description of Expense	Total Amount Due	Amount of Subsidy Received by Plaintiff/Defendant*	Total Amount Paid by Plaintiff/Defendant*	Amount Owed by Plaintiff/Defendant*

Write down which party this column pertains to (i.e. If Plaintiff is the requesting party, write Plaintiff in the "Amount paid by" column, and Defendant in the "Amount Owed" column.

I verify that the statements made are true and correct to the best of my knowledge. I understand that false statements herein are made to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsifications to authorities.

Date

Signature