

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

## PETITION FOR SUPPORT

DCSE # \_\_\_\_\_

Petitioner

Respondent

Name		Name		File Number			
Street Address		Street Address					
Apt. or P.O. Box Number		Apt. or P.O. Box Number		Petition Number			
City	State	Zip Code	City		State	Zip Code	
Social Security Number		Date of Birth		Social Security Number		Date of Birth	
Attorney Name and Phone Number				Attorney Name and Phone Number			
Driver's License #:		State:		Driver's License #:		State:	
Employer:				Employer:			
Employer Address:				Employer Address:			

IN THE INTEREST OF the following child(ren):

Name	Date of Birth	Name	Date of Birth
Social Security Number:		Social Security Number:	
Name	Date of Birth	Name	Date of Birth
Social Security Number:		Social Security Number:	
Name	Date of Birth	Name	Date of Birth
Social Security Number:		Social Security Number:	

RESPONDENT owes legal duty of support to PETITIONER.

1. PETITIONER requires the sum of \$ \_\_\_\_\_ per \_\_\_\_\_ for spousal support.

RESPONDENT owes legal duty of support to Children.

1. PETITIONER requests that the Delaware Child Support Formula be used to determine the appropriate obligation.

PETITIONER requests that the RESPONDENT be ordered to provide Medical Support in the form of health insurance for the child(ren); to provide the PETITIONER with current insurance documents; and to provide unreimbursed health care expenses as required by the Delaware Child Support Formula.

PETITIONER requests that the RESPONDENT be ordered to pay support retroactive to \_\_\_\_\_ (up to a maximum of two years prior to the date of filing), with credit given for support provided, if any.

2. PETITIONER alleges the following:

RESPONDENT has refused or failed to comply with said duty without just cause.

RESPONDENT has been providing some support.

WHEREFORE, PETITIONER prays that a Summons be issued to RESPONDENT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner/Attorney