

# The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

## PETITION FOR SUPPORT

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

***Petitioner***

***Respondent***

Name	Name
Street Address	Street Address
Apt. or P.O. Box Number	Apt. or P.O. Box 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 Address:	Employer: Employer Address:

File Number
Petition Number

**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.

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