

# Fayette County Domestic Relations Section



22 East Main St, STE 5  
Uniontown Pa, 15401

Phone: 724-430-1260  
Fax: 724-430-1264

Plaintiff  
Vs.

Docket Number

Defendant

PACSES Case Number

## APPLICATION FOR TELEPHONE CONFERENCE

I request that I be permitted to appear via telephone for my support conference that is currently scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason(s) for request to participate telephonically for conference:

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Telephone number, including area code, where I can be contacted the day/time of the scheduled conference:

\_\_\_\_\_ Is this number confidential? YES NO Is this number a cell phone? YES NO

I understand by making this request, I will send the below information along with this request no later than **7 days prior** to the scheduled conference. Failure to provide this information may result in my request being denied:

### 1. Provide all required information as detailed in the Order of Court

- A true copy of your most recent Federal Income Tax Return, including W-2s as filed
- Your pay stubs for the preceding six(6) months
- The Income Statement and appropriate Expense Statement
- Verification of child care costs
- If a physician has determined that a medical condition affects your ability to earn income you must obtain a Physician Verification Form from the Domestic Relations Section, sign it, and have it completed by your doctor
- Information relating to professional licenses

2. The Conference Officer will initiate the phone call and contact you for the conference no later than 15 minutes after the scheduled start time. In the event you initiate the phone call, you are responsible for all cost of the telephone call. If you are not available at the phone number provided, the conference **WILL** proceed and a default order **MAY** be entered in your absence or your complaint/petition may be dismissed for lack of prosecution.

Once approved or denied, you will be notified via telephone or email. Email: \_\_\_\_\_

SIGNATURE OF REQUESTING PARTY

DATE

**BY SIGNING THIS FORM YOU ARE ACKNOWLEDGING THE DATE AND TIME OF THIS CONFERENCE.**

DOMESTIC RELATION USE ONLY

GRANTED/DENIED. If denied, the reason is as follows:

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Signature of Conference Officer \_\_\_\_\_

IFSA

Local

PC-001