

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

UIFSA TELEPHONE CONFERENCE FORM

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

Date: _____

Time: _____

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

1. Provide all required information as detailed in the Order of Court or a signed General Testimony

- 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.

Email: _____

SIGNATURE OF REQUESTING PARTY

DATE

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

UIFSA

PC-001