

Application for Telephone Hearing Instructions

The following case information must be completed on the application:

- ✚ Case caption and case number
- ✚ Conference or hearing date and time
- ✚ Telephone number to be called at time of hearing
- ✚ Date and signature

You may contact the Client Information Center for case information at (610)-891-4314.

This application ***MUST*** be completed and received by the Domestic Relations Office no later than **10 days prior** to the conference or the court hearing.

Attach a legible copy of your driver's license or other photo identification (i.e. passport, employee or student ID) to this application.

The following documents must be included with the application also:

- A true copy of your most recent Federal Tax Return, including W-2s as filed
- Your pay stubs for the preceding six (6) months
- Verification of child care expenses (if applicable)
- Verification of tuition (if applicable)
- Proof of medical coverage which you may have, or may have available to you

If any of the above cannot be provided, written explanation is to be given as to why it was not included.

You must be available at the telephone number provided on the day of the conference/hearing, possibly for the entire morning or afternoon court session. If you are not available when the court is ready to proceed with your case, the court will proceed without you.

The number you provide *should* be a land line phone. Cell phone numbers are accepted.

If any of the above documents are not received in the office in the required application time, your request will be denied.

In the Court of Common Pleas of Delaware County, Pennsylvania
DOMESTIC RELATIONS SECTION

Plaintiff

vs.

PACSES#: _____

Defendant

APPLICATION FOR TELEPHONE CONFERENCE / HEARING

_____ Request for a telephone conference: Date: _____ Time: _____

_____ Request for a telephone hearing: Date: _____ Time: _____

Reason(s) for your request for a telephone conference/hearing:

The telephone number, including the area code, where I can be contacted on the day of the conference/hearing:

(_____)_____. Please indicate whether your phone number is confidential.
Yes or No

I understand by making this request, I will:

1. Be available at the telephone number provided on the day of the conference/hearing.
(Hearings require you to be available for the entire AM or PM; time you are scheduled)
If I am not available, the conference/hearing will proceed in my absence.
2. Provide the following required financial and medical insurance information as indicated on the order of court and mail /fax the information along with this request from no later than 10 days prior to the conference/hearing. (Without this information, your request will be denied)
 - A true copy of most recent Federal Income Tax Return, including W-2s, as filed,
 - Your pay stubs for the preceding six (6) months,
 - Income Statement and the appropriate Expense Statement, if required, completed as required by Rule 1910.11 (c).
 - Verification of child care expenses.
 - Proof of medical coverage which you may have or may have available to you.
 - Information relating to professional licenses
3. Attach a copy of my driver's license or other photo identification (passport, employee or student ID) for verification of my identity.

Defendant's / Plaintiff's Signature

Date: _____

DOMESTIC RELATIONS SECTION

(For the Domestic Relations Offices use only. Please do not write below this section and make sure this page is attached to your request)

The following request for telephone conference/hearing has been:

APPROVED

DENIED

Reason(s) why your request has been denied:

Supervisor's Signature

Date