

# The Family Court of the State of Delaware

In and For  New Castle  Kent  Sussex County

## PETITION FOR CHILD SUPPORT ARREARS

DCSE NUMBER \_\_\_\_\_ FILE NUMBER \_\_\_\_\_ PETITION NUMBER \_\_\_\_\_

**Petitioner**

**Respondent**

Name		DOB	
Street Address			
Apt. or P.O. Box Number			
City		State	Zip Code
Home Phone #			
Work Phone #			
Cell Phone #			
Attorney Name and Phone Number			
Employer:			
Employer Address:			

Name		DOB	
Street Address			
Apt. or P.O. Box Number			
City		State	Zip Code
Home Phone #			
Work Phone #			
Cell Phone #			
Attorney Name and Phone Number			
Employer:			
Employer Address:			

IN THE INTEREST OF: (Include last name.)

Name	DOB	Name	DOB
Name	DOB	Name	DOB

The prior Court order dated \_\_\_\_\_ required the respondent to pay \$ \_\_\_\_\_ current support plus \$ \_\_\_\_\_ arrears/back support per \_\_\_\_\_ :

The Petitioner seeks the Court to direct the Respondent to appear in this Court to show cause why RESPONDENT should not be held in contempt for the following:

- RESPONDENT has failed to comply with the Support Order mentioned above and is in arrears as of this date in the amount of \$ \_\_\_\_\_ and is therefore in contempt of said Order. The last payment was received on \_\_\_\_\_ .
- RESPONDENT has failed to comply with the medical provisions of this Order.  
Basis for medical claim: \_\_\_\_\_
- Establish arrears and enter a judgment that can be recorded as a lien in the Office of the Prothonotary
- Other \_\_\_\_\_

Therefore, the Petitioner requests the child support obligation be enforced and that the Court impose such sanctions, penalties or other relief as deemed appropriate.

\_\_\_\_\_ Date

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