



# Court of Common Pleas of Berks County

Twenty Third Judicial District of Pennsylvania  
Domestic Relations Section  
633 Court Street, 6<sup>th</sup> Floor, Reading, PA 19601-4316  
(610) 478-2900 Fax: (610) 478-6585 or 610-478-6583

Tracy Brown, *Director*  
Laura Schlegel, *Deputy Director*

## Private Agreement - Modification of Support Order

\_\_\_\_\_ vs. \_\_\_\_\_  
Plaintiff's Name Defendant's Name PACSES Case ID

**This form must be submitted prior to the conference date if a conference is scheduled.**

**Complete fields 1 through 6 to provide the terms of a private agreement for modification of a support order.**

1. **Effective Date of Modification:** \_\_\_\_\_

2. **Child/ren's and/or spouse's name/s for whom support is owed:**

\_\_\_\_\_

3. **Monthly Amount of Child Support:** \$\_\_\_\_\_ **Monthly Amount of Spousal Support/APL:** \$\_\_\_\_\_   
*Monthly amount = weekly amount divided by 7 (days of the week) x 365 (days of the year) divided by 12 (months per year)*

4. **Monthly Arrears Payment:** \$\_\_\_\_\_ *It is recommended that this amount be 25% of the monthly charge, but no less than \$5.00 per month for each child and/or spouse.*

5. **Medical Provision:**

Checkmark if using the same provisions that exist on the current order. (If not, complete the two medical fields below.)

1. Party Responsible for Medical Insurance:            Defendant            Plaintiff            Both Parties

\*Include a copy of insurance card if not previously provided.

2. Unreimbursed Medical Split (*must equal 100%*):    Defendant's Share \_\_\_\_\_ %    Plaintiff's Share \_\_\_\_\_ %

\*Please note all orders state the plaintiff is responsible for the first \$250/year per child of unreimbursed medical expenses.

6. **Any conditions that should be included in the final order of court:**

*If a child or spouse is being removed from the order, list the name and reason.*

**Continued on reverse side.**

**Pursuant to PA R. Civ.P. 1910.11(d)(3) a support guideline must be calculated before an order can be modified.**

**Complete fields 7 through 10. This information is necessary for the officer to calculate a support guideline prior to entering a private agreement for modification.**

7. **Plaintiff Income:** Please provide your most recent paystub. If a paystub is not available please complete the following: Hourly rate: \$ \_\_\_\_\_ Hours worked weekly: \_\_\_\_\_
8. **Defendant Income:** Please provide your most recent paystub. If a paystub is not available please complete the following: Hourly rate: \$ \_\_\_\_\_ Hours worked weekly: \_\_\_\_\_
9. **If there is childcare for the child/ren for whom support is owed, list the monthly cost and indicate which party pays the childcare.**
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10. **If there is medical insurance for the child/ren and/or spouse for whom support is owed, list the monthly cost and indicate which party pays the medical insurance.**
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- Checkmark if the insurance is state funded medical assistance.\*\*
- Checkmark if the insurance is provided by an employer.
- Other insurance: Please specify \_\_\_\_\_

\*\*If the medical insurance provided is state-funded health insurance such as medical assistance or no-cost CHIP, the DRS will still order either party to provide medical insurance through an employer or a private party pursuant to Pennsylvania Statutes Title 23 Pa.C.S.A § 4326.

**Upon receipt of this form, a Conference Officer will contact both parties via email or telephone to advise of the support guideline and to complete the private agreement process. Please provide the best method of contact for both parties on the spaces below. Include email address or phone number for both parties (email is preferred).**

<b>Plaintiff</b>		<b>Defendant</b>	
<b>Contact Info</b> _____		<b>Contact Info</b> _____	
Is this confidential? Yes or No		Is this confidential? Yes or No	