

**EXCEPTIONS TO RECOMMENDATION OF HEARING OFFICER IN SUPPORT**  
**FILING INSTRUCTIONS FOR UNREPRESENTED PARTIES**  
**(Please read all instructions before coming to court to file)**

1. Request a transcript of your hearing by going to [www.montcopa.org/DRO/TranscriptRequest](http://www.montcopa.org/DRO/TranscriptRequest) and complete the "DRO Master Hearing Transcript Order Form" OR call Montgomery County Domestic Relations at 610-278-3184 to order transcripts. Once your order is placed, Montgomery County Domestic Relations will issue a confirmation letter that will be emailed to the email address you provided with your order. This confirmation letter must be attached to your Exceptions when filed with the court. An email is not sufficient and will not be accepted. The audio files from your Master hearing will be provided to the transcriptionist who will contact you to obtain a monetary deposit. The transcriptionist will not begin transcribing your order until the deposit is received.

Please note transcriptionists are not affiliated with the Montgomery County Court of Common Pleas or the Montgomery County Domestic Relation Section. Transcriptionists cannot answer any case specific questions nor provide aid with filing Exceptions to any Montgomery County Domestic Relations recommendation. If you have any questions regarding your Montgomery County Domestic Relations Section case or the Exception filing process, you need to contact our office at 610-278-3646.

**NOTE:** If you are filing cross exceptions you must indicate that you are filing cross exceptions and attach a copy of the opposing party's exceptions.

2. Complete the Exceptions packet:
  - Family Court Cover Sheet
  - Notice to Defend
  - Exceptions to Recommendation of Hearing Officer (Support)
3. The following **MUST** also be attached to your filing:
  - Domestic Relations Order
  - DRO Confirmation letter
4. Take the completed Exceptions packet with attachments for review to:

**Family Court Administration**  
**Courthouse, 2<sup>nd</sup> Floor**

5. A Family Court staff member will review your documents and, if complete, will initial the filing. *Please note that if you attempt to file your Exceptions without review, you will be directed back to Court Administration.* If all documents are in order, Family Court staff will direct you to the **Prothonotary** to file your Exceptions.

6. Take your completed packet with attachments and filing fee in the form of cash, money order or cashier's check to:

**Prothonotary  
Courthouse, 1<sup>st</sup> Floor**

The current filing fee can be found at [www.montcopa.org/DocumentCenter/View/19417](http://www.montcopa.org/DocumentCenter/View/19417) under "Support Exceptions".

7. File all documents (Exceptions packet with attachments) at the front counter in the **Prothonotary**. The Prothonotary staff will return your original documents to you after filing and scanning.
8. You must serve a complete copy of your filing with attachments upon:

1.) the OTHER PARTY in the case OR THEIR ATTORNEY,

and

2.) the DOMESTIC RELATIONS OFFICE

The Prothonotary File Room will make 2 copies of your filing for a nominal fee or you may take your filing with you to make your own 2 copies.

You can serve the copies by regular mail, certified mail or hand delivery.

9. After the copies of your filing has been mailed or hand delivered, the Certificate of Service must be completed with:

Date of mailing/hand delivery

Name and address it was mailed or delivered to

Manner of service

Your signature & date

10. The completed Certificate of Service must be mailed or hand delivered to the Prothonotary address on the form:

**Prothonotary**

**P.O. Box 311**

**Norristown, PA 19404**

11. Once you have completed all the steps above and the transcripts have been received by the court, your assigned Judge will issue a briefing schedule and argument date which you will receive by mail.

**PLEASE MAKE CERTAIN THAT THE DOMESTIC RELATIONS OFFICE AND THE PROTHONOTARY  
HAVE YOUR CORRECT ADDRESS AT ALL TIMES TO ENSURE YOU RECEIVE NOTIFICATIONS.**

Updated 4/30/18

**FAMILY COURT COVER SHEET**

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NO: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Plaintiff ID: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Plaintiff Phone Number & Email Address

VS.

\_\_\_\_\_  
Plaintiff Phone Number & Email Address (REQUIRED)

\_\_\_\_\_  
Attorney for Defendant ID: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Defendant Phone Number & Email Address

\_\_\_\_\_  
Defendant Phone Number & Email Address (REQUIRED)

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**AVERMENT OF CONSOLIDATION**

On the space below, please provide the docket number of all other companion cases associated with this case (including any closed files involving the same party-litigants) that related to:

- |  |                         |
|--|-------------------------|
| 1. Divorce Annulment _____                                       | 2. Support _____        |
| 3. Equitable Distribution _____                                  | 4. Paternity _____      |
| 5. Custody/Visitation _____                                      | 6. Special Relief _____ |
| 7. Outstanding/Temporary/Final Protection from Abuse Order _____ |                         |
- 

I certify that the information provided above is comprehensive and complete to the best of my knowledge and that I have formally entered my appearance for the case captioned above:

BY: \_\_\_\_\_

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA

**FAMILY DIVISION**

NO: \_\_\_\_\_

\_\_\_\_\_  
vs.  
\_\_\_\_\_

**NOTICE TO DEFEND**

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the filer. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

LAWYER REFERENCE SERVICE  
MONTGOMERY BAR ASSOCIATION  
100 WEST AIRY STREET (REAR)  
NORRISTOWN, PA 19401

(610)279-9660, EXTENSION 201

**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA**  
**FAMILY DIVISION**

\_\_\_\_\_ No: \_\_\_\_\_  
vs.  
\_\_\_\_\_

**EXCEPTIONS TO RECOMMENDATION OF THE HEARING OFFICER IN SUPPORT**

Date of Recommended Order: \_\_\_\_\_  
Amount of Recommended Order: \_\_\_\_\_

Attorney for Plaintiff or Pro Se Party

Attorney for Defendant or Pro Se Party

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
Phone No.

**Transcript Request is attached. (email receipt or other indication from transcription service)**

Name of Party filing Exceptions: \_\_\_\_\_

Circle one :            Plaintiff            Defendant

**NOTICE:**

**THIS FILING WILL NOT BE ACCEPTED IF PROOF OF THE TRANSCRIPT REQUEST AND A COPY OF YOUR DOMESTIC RELATIONS ORDER IS NOT ATTACHED.**

**YOU MUST FILE AN AFFIDAVIT OF SERVICE WITH THE COURT VERIFYING THAT THIS DOCUMENT WAS SERVED ON ALL PARTIES. THE FILING PARTY MUST SERVE A FULL COPY OF THIS DOCUMENT UPON THE OPPOSING PARTY, ATTORNEYS, IF ANY, AND THE DOMESTIC RELATIONS SECTION.**

**The Hearing Officer erred in the calculation of support, findings of fact, and conclusions of law as follows:**



IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA  
FAMILY DIVISION

\_\_\_\_\_  
vs.  
\_\_\_\_\_

No: \_\_\_\_\_

**CERTIFICATE OF SERVICE OF  
EXCEPTIONS TO RECOMMENDATION OF THE HEARING OFFICER IN SUPPORT**

I certify that on \_\_\_\_\_, 20\_\_\_\_, a true and complete copy of the foregoing **Exceptions to Recommendation of the Hearing Officer in Support** has been served upon:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip

**AND**

**MONTGOMERY COUNTY DOMESTIC RELATIONS  
P.O. BOX 311  
NORRISTOWN, PA 19404**

Manner of Service: Reg First Class Mail  Certified Mail  Other  \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**PLEASE MAIL THIS COMPLETED FORM TO: PROTHONOTARY  
P.O. BOX 311  
NORRISTOWN, PA 19404**