

**In the Court of Common Pleas of MONTGOMERY County, Pennsylvania**

DOMESTIC RELATIONS SECTION

DOMESTIC RELATIONS, PO BOX 311, NORRISTOWN, PA. 19404-0311

Phone: (610) 278-3646

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PACSES Case Number:

**FULL DISCLOSURE and INFORMED CONSENT**

The following disclosure and informed consent is made pursuant to and in compliance with the provisions of the Intrastate Family Support Act, 23 Pa. C.S. Section 8101 et seq.

(1) I understand that local filing of support cases is preferable because that means that all court proceedings will be conducted in this county. However, I understand that if I file locally and if the Domestic Relations Section (DRS) is unable to get mail and/or Sheriff Service on the noncustodial parent, the case will need to be re-filed under the Intrastate Family Support Act (IFSA). If re-filing under IFSA is necessary, every effort will be made to protect the original filing date, but some time will be lost toward the goal of getting an order established.

(2) I understand that if I file my action under IFSA to the noncustodial parent's DRS, all proceedings will be conducted there and the support order will be entered there.

(3) I understand that if I file my action under IFSA to the noncustodial parent's DRS, the noncustodial parent's county court will provide legal services to me, when appropriate, at no cost.

(4) I understand that if I file my action under IFSA to the noncustodial parent's DRS, I might be required to submit additional information to the noncustodial parent's DRS, and I agree to respond fully and promptly.

(5) I understand that if I file my action under IFSA to the noncustodial parent's DRS and when an order is established in the noncustodial parent's DRS, I will be dealing directly by phone or by mail with that county's DRS staff regarding collections and enforcement. I further understand that I can continue to file actions to the noncustodial parent's DRS, or obtain information through my local DRS.

I have had the above conditions read and explained to me.

I understand the requirement to file under IFSA and agree to the above conditions.

I understand my option to proceed with a local filing, agree to the above conditions, and I wish to:

File Locally

File IFSA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodial Parent



Form IF-521C

Worker ID

05/19/2017