

**In the Court of Common Pleas of Franklin County, Pennsylvania
Domestic Relations Section**

Courthouse Annex, 157 Lincoln Way East, 3rd Fl, Chambersburg, PA 17201

Phone: (717) 264-6144

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Suspension of Support Order Form

PACSES Case ID: _____

_____ vs. _____

1. Effective Date of Suspension: _____

2. Reinstatement Date: _____ (The current order will reinstate on this date)

3. Reason for Suspension:

4. Arrears Provision (choose one):

☐

Checkmark if any arrears owed to the Plaintiff are to be paid.

Monthly Arrears Payment: \$ _____

If no amount is written, it will be determined by DRS. Arrears payment cannot be higher than the amount of the current charging order.

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Checkmark if any arrears owed to the Plaintiff are to be canceled. *

**If cancelling arrears, they will be canceled the date DRS prepares a court order and updates the terms of this agreement. Canceled arrears cannot be reinstated.*

5. Medical Provision (choose one):

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Checkmark if the same provisions that exist on the current support order will remain in place during the suspended period.

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Check Party Responsible for Medical Insurance: Defendant Plaintiff Both

Unreimbursed Medical Split: Defendant's Share _____% Plaintiff's Share _____%

CONSENT TO THE ABOVE TERMS:

Plaintiff's Name (please print)

Plaintiff's Signature

Date