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

Plaintiff Name: _____

Defendant Name: _____

Docket Number: _____

PACSES Case Number: _____

Other State ID Number: _____

Name of Person Treated: _____

(Please fill out one sheet for each dependent)

Date submitted to other party: _____

Certified Mail Receipt #: _____

Summary of Medical Bills

Date of Service	Provider	Total Bill	Amount Paid by Insurance	Balance Due	Amount Paid by Plaintiff

Summary of Medical Bills

Date of Service	Provider	Total Bill	Amount Paid by Insurance	Balance Due	Amount Paid by Plaintiff