

Domestic Relations Section
Court of Common Pleas of Bucks County
100 North Main Street, Doylestown, PA 18901
(215) 340 - 8068

Plaintiff Name:
 Defendant Name:
 Docket Number:
 PACSES Case Number:

Summary of Additional Expenses

(A separate form must be submitted for each child in which you wish to receive reimbursement.)

The following bill(s) incurred by _____ for _____ has/have been sent to
your name child's name
 _____ and he/she/they has failed to pay as ordered. Copies of the bill(s) are attached.

We will not accept just a statement with a balance. It must be accompanied by a copy of the original bill(s) and a copy of the receipt(s). Documentation of additional expenses must be provided to the other party no later than March 31st of the year following the calendar year in which the expense was incurred.

Date of Service	Provider	Description of Service (ex. summer camp)	Amount Paid to Provider
Total to be shared			\$
Other party's proportionate share			x %
Total Obligation Due			

I verify that the statements made are true and correct to the best of my knowledge. I understand that false statements herein are made to the penalties of 18 Pa. C.S. § 4904, relating to unsworn falsification to authorities.

Date

Signature