



MELISSA D. PALLOTTO
DIRECTOR

DOMESTIC RELATIONS SECTION
(COURT OF COMMON PLEAS OF MIFFLIN COUNTY)
P.O. BOX 206
LEWISTOWN, PENNSYLVANIA 17044
Telephone: (717) 248-3955 Fax: (717)248-0666

BRENDA S. DOBSON
KRISTI C. REIK
ENFORCEMENT OFFICERS

NEW POLICIES EFFECTIVE APRIL 1, 2014

Unreimbursed Medical Expenses:

1. The Plaintiff should pay all unreimbursed medical bills.
2. After Plaintiff has paid more than \$250.00 per year for each child or spouse, Plaintiff should obtain from the Domestic Relations Office a "Summary of Medical and/or Dental Bills" form.
3. The Plaintiff should complete the Summary form, attach copies of each bill listed and proof of payment of each bill listed, and mail the form together with all attachments and a written request to the Defendant to pay his/her share of the unreimbursed medical bills in excess of \$250.00 per year per child or spouse. The form and all attachments should be mailed to the Defendant **via Certified Mail – Return Receipt Requested by March 31st of the following calendar year.**
4. If no response is received from the Defendant after thirty (30) days, Plaintiff should contact the Domestic Relations Office to request enforcement. Plaintiff must provide the Domestic Relations Office with a copy of the completed Summary form and all attachments and the signed postal green card showing the Defendant received the Certified Mail.
5. In the event the Defendant fails to sign for the Certified Mail and the mail is returned to the Plaintiff, the Plaintiff should provide the Domestic Relations Office with the complete certified mailing, as returned by the Post Office. The Domestic Relations Office will then attempt to mail the documents to the Defendant.
6. The Domestic Relations Office will take appropriate enforcement action to collect the Defendant's share of the medical expenses either by scheduling the Defendant for Court or by adding the Defendant's share of the medical expenses to the arrears and adjusting the payment amount toward arrears.

Fees:

1. There will now be a filing fee of \$15.00 when a petition for modification is filed resulting in a conference. This fee must be paid by the filing party via cash or money order at the time of filing. Any petition received will not be scheduled until the \$15.00 fee is received.
2. There will now be a filing fee of \$25.00 when a party requests a Hearing De Novo (Request for Appeal). This fee must be received via cash or money order at the time the Request is filed.

MONEY ORDERS are to made out to MIFFLIN COUNTY DRS