

CASE IDENTIFICATION					
CO.	RECORD NUMBER	CAT.	CTR.	DIST.	
NAME					

AGREEMENT & AUTHORIZATION TO PAY CLAIM

In consideration of the assistance received unemancipated minor children pending rec	d and to be granted to or for me and to or for my spouse and ceipt of money from:
or assigns, or its duly authorized agent, the for me and/or to or for my spouse and uner	vealth of Pennsylvania, Department of Human Services, its successors ie amount of the assistance claim, that is, all assistance granted to or mancipated minor children pending the receipt of the moneys referred after deduction of legal fees and costs incidental to the recovery of unt.
I hereby acknowledge that all legal charged to the Department of Human Serv	fees and incidental costs are entirely my responsibility and cannot be vices.
	esentative to pay to the Department of Human Services such moneys ner hands. The direction is irrevocable and acknowledged by me to be
I further agree to notify my county as my hands.	ssistance office and to make payment immediately if the funds come into
attorney of, any court of record of Pennsy for the sum of Five Thousand Dollars (\$5,0 release of errors, without stay of execution	of this agreement, I do hereby authorize the prothonotary of, or any Ivania or elsewhere, to appear for and to enter judgment against me 100.00) with or without declaration, with costs of suit, on, with fifteen percent (15%) added for collection e of receipt of the proceeds at the lawful rate on the
Thousand Dollars (\$5,000.00), I shall be interest on the actual proceeds and collect judgments. I further agree that my real estimates	sistance claim as defined above is less than Five liable to pay only the lesser amount plus costs, tion fees. This judgment shall be collected as other state may be sold on a writ of execution. I hereby appraisement, stay or exemption laws of any state reafter to be passed.
Witness:	Signed: (SEAL)
	Address:
	Date:
Witness:	Signed: (SEAL)
	Address: