Request to Terminate Support

Recipient Name
Recipient Address
Recipient Address

Pick a date
Child Support Case Number: Enter CSP Number

The Child Support Program may initiate action to terminate an administrative support order or support obligation for one or more of these reasons:

1. The parents reside together with the child(ren).
2. The child(ren) for whom support is ordered permanently resides with the parent who is ordered to pay support.
3. The parent who is ordered to pay support begins receiving Supplemental Security Income (SSI) after the support order was rendered.
4. The parent who is ordered to pay support has no income, is permanently disabled, and provides a doctor's statement that the parent is permanently disabled and unable to work.
5. A court has terminated the parental rights of the parent who is ordered to pay support.
6. The child(ren) for whom support is ordered permanently resides with a person other than the parent or caregiver who is owed support under the order or the parent who is ordered to pay support and that person is unknown or has not elected to receive child support services.

To request termination of support, if one or more of the reasons above applies to you, complete the attached form and mail or fax it to:

Florida Department of Revenue
Child Support Program
Local office address
Local office address
Enter Fax Number

Written requests will be reviewed and responded to in writing. If your request is not approved, the Program will not take action to terminate support but will close your case if you indicate on the attached form that you want the case closed. If support is not terminated, the order remains in effect. If you do not want to terminate support, do not complete and return the form.

If you have questions or need help:	**Access your case online:** childsupport.floridarevenue.com **Email us:** FloridaRevenue.com/AskChildSupport **Chat with us or learn more at:** floridarevenue.com/childsupport **Call:** Select number Para asistencia en español, llame al 850-488-5437 y marque 7

CS-OA179

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1. Name of parents or caregiver:

   Parent or caregiver due support: Name

   Parent who owes support: Name

2. Child support case number and depository number:

   Child support case number: CSP Case Number

   Depository number: Depository Number

3. Name of child(ren) in the order:

Name	Name
Name	Name
Name	Name
Name	Name

4. State the reason for your request to terminate support. See page 1 for allowable reasons. Include dates and provide supporting documentation.

   _____

   _____

   _____

   _____

   _____

5a. I agree to waive all past-due support owed to me. Yes ☐ No ☐

5b. I agree to waive past-due support owed to me in the amount of $_____.

6. I want to close my child support case. Yes ☐ No ☐

Under penalties of perjury, I declare that I have read this Request to Terminate Support and the facts stated in it are true.

Signed _____ Date _____

Name (please print) _____