

CLARK COUNTY DEPARTMENT OF
JOB & FAMILY SERVICES



REQUEST FOR TERMINATION OF A CHILD SUPPORT ORDER

SETS Case No.: _____

Order No.: _____

Your Name: _____

Social Security Name: _____ Phone #: _____

Address: _____

Other Party's Name: _____

REASON FOR TERMINATION REQUEST?

Graduation From High School

Child's Name: _____ Birth Date: _____

Graduation Date: _____ School: _____

My child is 18 or older and no longer attends an High School

Child's Name: _____ Birth Date: _____

Did Your Child Graduate?: _____ If yes, date of graduation/school: _____

Did Your Child Withdraw From School?: _____ If yes, what date did they withdraw?: _____

What School Did Your Child Last Attend?: _____

Marriage of the parties

Date Parties Married: _____

Child(s) Name: _____

Legal change of custody

Child's Name: _____ Birth Date: _____

Date of Legal Custody Change: _____

Other reasons support order should terminate

Please List: _____

Please Sign and Date

(Rev. 09/14)

CHILD SUPPORT ENFORCEMENT AGENCY

P.O. BOX 967A • 1346 LAGONDA AVE. SPRINGFIELD, OH 45501-1037 • T: 937.327.1700 • F: 937.327.1996 • WWW.CLARKDJFS.ORG

A DIVISION OF CLARK COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
CLARK COUNTY DEPARTMENT OF JOB & FAMILY SERVICES IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.