



Child Support Program

CS-OA179
Rule 12E-1.030
Florida Administrative Code
Effective 11/22

Request to Terminate Support

Recipient Name
Recipient Address

IMPORTANT
You must respond within
30 days.

Pick a date
Child Support Case Number: Enter CSP Number

The Program may initiate action to terminate an administrative support order or support obligation for reasons listed below. To request termination, complete the attached form and return it within 30 days. We will review your request and determine whether to proceed with termination.

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 is 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;
or
5. A court has terminated the parental rights of the parent who is ordered to pay support.

WHAT YOU NEED TO DO

1. Complete the attached form.
2. Mail the completed form to:

Florida Department of Revenue
Child Support Program
Local office address
Local office address
3. Fax the completed form to: Enter Fax Number

If the form is not returned within 30 days and you requested your child support case to be closed, the Program will initiate closure of your child support case and will not terminate support. If you do not want to terminate support, you do not need to return the form. If the order is not terminated, the parent who owes support remains obligated to pay support.

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

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. Reason for request to terminate support. (Attach documentation that supports your request.)

This section must be completed.

5. I want to waive arrears owed to me. Yes No

Arrears amount waived \$ _____

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) _____