

IN THE CIRCUIT COURT, **SEVENTH** JUDICIAL CIRCUIT IN AND FOR
PUTNAM COUNTY, FLORIDA

CASE NO. _____
DIVISION: _____

PETITIONER,

AND

RESPONDENT,

MOTION TO TERMINATE CHILD SUPPORT

COMES NOW, (*fill in your name*) _____, and requests that this Court terminate the payment of child support previously ordered by this Court and in support of this request, I say as follows:

1. This Court has previously issued a child support order requiring a total amount of (*insert amount*) _____ for my children whose names are (*insert the names of the children you are paying the child support for*) _____.

The details of that support order are as follows (*insert the amount of support per child, the frequency of payments, and any other details*): _____

2. To the best of my knowledge, that Order was issued on (*insert date or approximate date of Order*) _____ and has not been modified by the Court.
3. I am requesting that the Court terminate my child support payment for (*insert the name(s) of the child(ren) for whom you wish to terminate child support*) _____ or the following reasons: (*√ applicable items*)

a. ___ child (*insert name*) _____ is married or legally emancipated by a Court;

b. ___ child (*insert name*) _____ is an adult (18 years or older);

c. ___ child (*insert name*) _____ is in my custody and has been in my custody since (*insert date*) _____;

d. ___ child (*insert name*) _____ is in the custody of another adult or entity and is no longer with the previous custodial parent (provide all details): _____

e. x other:

4. In further support for this request to terminate child support, I want the court to be aware of the following: _____

WHEREFORE, I respectfully request that this Court terminate child support for the child(ren) listed in this motion and continue alimony as previously ordered.

Signature

Printed Name: _____

Address: _____

Phone No. _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY the original hereof was filed with the Clerk of Circuit Court at: (*enter street address, city, state and zip code of Court*) _____

_____ and a true copy was (circle one) mailed/hand delivered to the other party (name) _____

at (address) _____

_____ on (date) _____.

Signature

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: (Fill in **all** the blanks)

I, (*full legal name and trade name of nonlawyer*) _____

_____, a nonlawyer, located at (*street*) _____

_____ (*city*) _____

(*state*) _____ (*phone*) _____, helped (*named of party*)

_____, who is the (*check only one*) _____ petitioner or _____ respondent, fill out this form.