

**CHILD SUPPORT TERMINATION
APPLICATION AND AFFIDAVIT**

CASE NUMBER: _____

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
(County where action is filed)

(Name of person listed as Plaintiff in original action) Plaintiff

vs.

**APPLICATION AND AFFIDAVIT
TO OBTAIN TERMINATION OF
CHILD SUPPORT**

(Name of person listed as Defendant in original action) Defendant

I, _____, swear that the child,
(Your full name)

_____, for whom I am currently ordered
(Full name of child)

to pay child support is no longer my obligation for the following reason:

- The child is now 19 years old. Certified copy of Birth Certificate attached.
- The child has married. Certified copy of marriage license and certificate of marriage attached.
- The child has died. Certified copy of death certificate attached.
- The child has been emancipated by court order from _____
Certified copy of the court order attached (Name of Court)

I request that my child support obligation for the above child be terminated on the _____ day
of _____, _____.

I request that the clerk of court send a copy of this application to the last known address of
the adult who is receiving child support on behalf of my child, unless accompanied
by waiver:

Name of adult _____

Street address _____

City, State, Zip _____

I understand that if there is any unpaid child support or interest owed prior to the requested date of termination, that amount is still owed. In the event the adult receiving support for the child does not file an objection within thirty days after the clerk's notice to him/her was mailed, I hereby request that the child support for the above child be terminated by court order as requested.

SIGN IN FRONT OF NOTARY PUBLIC

I hereby swear, or affirm, under penalty of perjury, that the above information is true.

(Your full name – person paying support)

(Your street address) (City) (State) (Zip code)

Subscribed and sworn on oath before me on this _____ day of _____

Clerk of District Court/Notary Public (Seal)

CLERK'S SERVICE OF NOTICE ON RECEIVER AND ASSIGNEE

A true and accurate copy of this application and affidavit to obtain termination of child support was sent by the Clerk of the District Court to:

- 1. The person receiving child support at the above address, **and**
- 2. The Department of Health and Human Services if there is an active assignment of support, by depositing copies thereof in the U.S. mail, postage prepaid on this _____ day of _____

Clerk of Court: _____

NOTICE TO RECEIVER OF CHILD SUPPORT

The court shall terminate child support if no written objection has been filed within thirty days after the date the clerk's notice to the receiver was mailed, the forms and procedures have been complied with, and the court believes that a hearing on the matter is not required. **As receiver of child support, if you do not file a written objection within thirty days after the date the notice was mailed, child support for this child may be terminated without further notice to you.**