

MONTGOMERY COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
14 West Fourth Street, P.O. Box 8744
Dayton, Ohio 45401-8744

OBLIGEE:

Name: _____
Address: _____

SSN: _____
DOB: _____

SETS No. _____

Order # ADM _____

And

REQUEST FOR TERMINATION OF
ADMINISTRATIVE ORDER

OBLIGOR:

Name: _____
Address: _____

SSN: _____
DOB: _____

CHILD/REN'S NAME/S

I, the Obligee, request that the child support order for the above-referenced case be terminated effective _____, 20____ because _____

[Select **one** of the following:]

_____ [initial] I do not forgive any arrears that have accrued prior to the effective date.

_____ [initial] I forgive up to \$_____ of the arrears owed to me and not assigned to the State of Ohio and ask that the unassigned arrears due to me be set to \$_____ effective as above.

I hereby state that I believe that this request is in the best interests of the child/ren named above.

I understand that the Montgomery County Child Support Enforcement Agency will conduct an audit of the case to include an audit of the cash public benefits provided to me by the State of Ohio. If any arrears exist which has been assigned to the State of Ohio and the Ohio Department of Job and Family Services, that those arrears cannot be forgiven and the Montgomery County Child Support Enforcement Agency will determine a monthly payment amount for those arrears to be repaid by the Obligor.

I, the Obligor, state that I concur with the termination of the child support order for the above referenced case and state that I believe that this request is in the best interests of the child/ren named above.

Both parties must sign before a Notary Public

Obligee
Signed and acknowledged before me, a Notary
Public, this _____ day of _____,
20_____

Obligor
Signed and acknowledged before me, a Notary
Public, this _____ day of _____,
20_____

Notary Public
My Commission expires _____

Notary Public
My Commission expires _____