

MONTGOMERY COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
1111 S. EDWIN C. MOSES BLVD., P.O. BOX 8744
DAYTON, OH 45422

OBLIGEE:

Name: _____

SETS No. _____

Address: _____

Order No. ADM _____

SSN: _____

DOB: _____

And

REQUEST FOR TERMINATION OF
ADMINISTRATIVE ORDER

OBLIGOR:

CHILD/REN'S NAME/S

Name: _____

Address: _____

SSN: _____

DOB: _____

I, the Obligee, voluntarily request that the child support order for the above-referenced case be terminated effective the last day of _____ (month), 20____, because:

Select and initial one of the following:

_____ [initial] I do NOT forgive any arrears that accrued prior to the effective date requested above.

_____ [initial] I forgive ALL arrears owed to me that accrued prior to the effective date requested above.

_____ [initial] I forgive \$_____ of the arrears owed to me as of the effective date requested above.

It is my belief that this request is in the best interests of the child/ren named above. I understand the Montgomery County CSEA will conduct an audit of this case, including an audit of any public cash benefits I have received from the State of Ohio. I understand that if any arrears exist that have been assigned to the State of Ohio or to Montgomery County, those arrears cannot be forgiven and the Montgomery County Child Support Enforcement Agency will determine a monthly payment amount for those arrears to be paid by the Obligor.

I, the Obligor, agree that termination of this child support order is in the best interests of the child/ren named above and I understand that I will be responsible for satisfying any arrears that may remain on this case, including any and all arrears assigned to the State of Ohio or Montgomery County.

We, the Oblige and Obligor, both affirm under penalty of law that the information contained herein is accurate to the best of our knowledge. We understand that we are not required to agree to the terms listed above and that we are not signing under duress or threat of any kind. We further waive our right to an Administrative Hearing before the Agency or any court, and we affirm our clear understanding that if this request is approved, the CSEA will issue a final termination order that cannot be appealed for any reason. Should the CSEA have any material questions about the statements made in this request, we give our consent for the CSEA to schedule us for an administrative hearing to determine whether there are appropriate reasons to terminate this administrative support order. We recognize and understand that the CSEA has discretion to deny this request if sufficient grounds for terminating this support order are not demonstrated or if there is evidence that either party has not knowingly, personally, and/or voluntarily consented to the terms stated herein.

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 _____