

REQUEST FOR THE TERMINATION OF A CHILD SUPPORT ORDER
Ohio Revised Code Sections 3119.87 – 3119.93

SETS Number: _____ Order Number: _____

_____ and/or _____ hereby request that the child support order
Obligee(person who receives support) Obligor(person who pays support)

for _____ be terminated for one of the following reasons:
list child(ren)'s names

The child turned 18 and is no longer attending an accredited high school on a full-time basis. Child turned 18 on _____ (date) and the child graduated or withdrew from _____ (name of school) on _____ (date).

The child turned 19 on _____ (date) The child passed away on _____ (date)

The child was married on _____ (date) The child was deported on _____ (date)

The child enlisted in the military on _____ (date) The Obligor passed away on _____ (date)

The child emancipated on _____ (date) for the following reason: _____

The parties are married and living together with the child(ren) as of _____ (date)

Change of legal custody of the child (**parties must provide documentation/court order verifying that a legal change of custody has occurred. This includes an adoption**)

I am a grandparent to whom support is being paid or a grandparent who is paying support and the grandparent's support order should terminate based on one of reasons above _____ (reason) on _____ (date)

CHECK ONE

Further, I, _____, knowingly and voluntarily state that, if the current child support obligation is
Obligee

terminated, I wish to waive the arrearage (back due child support) owed to me by Obligor, and to reduce the balance due to me to zero. **NOTE: If this option is chosen, the obligee's signature must be notarized.**

OR

Further, I, _____, do not wish to waive the arrearage (back due child support) and request that the
Obligee

CSEA continue to collect the arrearage (back due child support) if the current child support obligation is terminated.

Any arrearage owed to the State of Ohio must be repaid by Obligor.

Obligee's (person who receives support) signature

Obligor's (person who pays support) signature

Obligee's name

Obligor's name

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

Sworn to before me and subscribed in my presence
this _____ day of _____, 20____.

Notary Public