

**INSTRUCTIONS FOR PETITION TO TERMINATE CHILD  
SUPPORT AND/OR ALIMONY WITH A SINGLE  
SIGNATURE**

1. Type or print neatly the Petition to Terminate child support and/or Alimony. Please be sure to complete all information and check the appropriate areas.
2. Type or print neatly the case style (names and case number) on the Order to Terminate child support and/or Alimony.
3. File the original Petition to Terminate Child Support and/or Alimony, Notice of Permanent Mailing Address, proposed Order Terminating with self-addressed stamped envelopes for both parties, and Notice and Acknowledgment of Limitation of Services with the Clerk of Court. There will be a \$50.00 filing fee. The Clerk will issue a summons that will be served with a copy of the Petition. The Payee will have 20 days after being served with the summons to respond to the Petition. After this time you will have to file a Request for Hearing form to obtain a court date. The pro se co-ordinator will review your file and determine the court date and furnish you notice of the date and time. Once you have a date and time you will need to file a Notice of Hearing form.

Please be advised that these are general instructions and there may be additional forms that you may be required to complete and file. Also be advised that there will be a fee for service of the summons.

**IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT  
IN AND FOR SANTA ROSA COUNTY, FLORIDA**

\_\_\_\_\_, Case No.: \_\_\_\_\_  
Petitioner Division: \_\_\_\_\_

and

\_\_\_\_\_,  
Respondent

**PETITION TO TERMINATE CHILD SUPPORT AND/OR ALIMONY**

I, {full legal name} \_\_\_\_\_, the undersigned Petitioner, being under a Court Order to pay child support/alimony payments through the designated depository, request the Court to terminate the child support/alimony provision of the order to be effective the \_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

**1. The reason for this request is as follows:**

\_\_\_\_\_ On that date the child(ren) \_\_\_\_\_, began residing with the payor.

\_\_\_\_\_ On that date the only remaining minor child receiving the benefit of support reached the age of 18. Said child has (\_\_\_\_)/has not (\_\_\_\_) graduated from high school.

\_\_\_\_\_ On that date the only remaining minor child receiving the benefit of support married, a copy of the marriage license is attached.

\_\_\_\_\_ On that date the only remaining minor child receiving the benefit of support was adopted in case number \_\_\_\_\_ In \_\_\_\_\_ County, \_\_\_\_\_ (State) on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ On that date the only remaining minor child receiving the benefit of support became self-supporting in the following manner:

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ As of that date the only remaining minor child receiving the benefit of support is deceased, a copy of the death certificate is attached.

\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. The payee \_\_\_\_ Is \_\_\_\_ Is not currently receiving Aid to Families with Dependent Children (AFDC) or other public assistance benefits from the State of Florida.

3. The payee \_\_\_\_ Has \_\_\_\_ Has not in the past received Aid to Families with Dependent Children (AFDC) or other public assistance benefits from and no arrearage is owed to the State of Florida.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of party

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF SANTA ROSA

Sworn to or affirmed and signed before me on \_\_\_\_\_ By \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC OR DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp commissioned name of notary or clerk.]

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced Identification

Type of Identification produced \_\_\_\_\_

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW: [fill in all blanks]

I, {full legal name and trade name of nonlawyer} \_\_\_\_\_, a nonlawyer, located  
at {street} \_\_\_\_\_, {city} \_\_\_\_\_,  
{state} \_\_\_\_\_, {phone} \_\_\_\_\_, helped {name} \_\_\_\_\_  
\_\_\_\_\_, who is the [check one only] \_\_\_ Petitioner or \_\_\_ Respondent, fill out  
this form.