

**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

The undersigned Petitioners, being under a Court Order to pay and receive child support/alimony payments through the designated depository, request the Court to terminate the child support/alimony provisions of the order to be effective the ____ Day of _____, 20____.

1. The reason for this request is as follows:

- _____ On that date the Petitioners were married.
- _____ On that date the Petitioners began co-habitation without marriage.
- _____ 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. Petitioners ____ Are ____ Are not currently receiving Aid to Families with Dependent Children (AFDC) or other public assistance benefits from the State of Florida.

3. Petitioners ____ Have ____ Have 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.

_____ Signature of party Printed Name: _____ Address: _____ City, State, Zip: _____ Telephone Number: (____) _____	_____ Signature of party Printed Name: _____ Address: _____ City, State, Zip: _____ Telephone Number: (____) _____
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STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing instrument was acknowledged before me this ____ Day of _____, 20____,
By _____ Who is either personally known to me or who
produced _____ As identification, and who did take an oath.

NOTARY PUBLIC OR DEPUTY CLERK

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

STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing instrument was acknowledged before me this ____ Day of _____, 20____,
By _____ Who is either personally known to me or who
produced _____ As identification, and who did take an oath.

NOTARY PUBLIC OR DEPUTY CLERK

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

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.**