

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 INCOME DEDUCTION ORDER FOR 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 Income Deduction Order for child support/alimony 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 and no arrearage is owed to the State of Florida.
4. Clerk's child support/alimony current arrearage affidavit ____ is ____ is not attached.

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: (____) _____

E-Mail: _____

STATE OF FLORIDA
COUNTY OF SANTA ROSA

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC OR DEPUTY CLERK

Printed Name of Notary Public or Deputy Clerk

_____ Personally Known

_____ Produced Identification

Type of Identification produced _____

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: (____) _____

E-Mail: _____

STATE OF FLORIDA
COUNTY OF SANTA ROSA

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC OR DEPUTY CLERK

Printed Name of Notary Public or Deputy 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.