

COMPLETING THE APPLICATION AND AFFIDAVIT FOR TERMINATION OF CHILD SUPPORT

Use this form to ask the court to end your child support requirement for a child who has reached the age of 19 years*, has married, has died, or the child has been emancipated by court order.

***NOTE:** you do not need to file this form for a child reaching the age of 19 unless the age and date of birth were wrong on the original child support order.

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The form is titled "APPLICATION AND AFFIDAVIT FOR TERMINATION OF CHILD SUPPORT" and is filed in the "DISTRICT COURT OF _____ COUNTY, NEBRASKA". It includes the following fields and instructions:

- County:** Choose the county using the drop-down list.
- Plaintiff:** Enter the name of the plaintiff.
- Defendant:** Enter the name of the defendant.
- Case No.:** Enter the case number.
- Applicant:** Enter your full name.
- Child:** Enter the full name of the child.
- Reasons for Termination:** Check the box next to the reason you are asking for the child support to end. You must include certified copies of certificates or orders.
 - The child is now 19 years old. Certified copy of birth certificate attached.**
 - The child has married. Certified copy of marriage license and certificate of marriage attached.**
 - The child has died. Certified copy of death certificate attached.**
 - The child has been emancipated by court order from _____ Certified copy of the court order attached. (name of court)
- Disclaimer:** ** pursuant to Neb. Ct. R. §6-1521(c), all documentation containing dates of birth or social security numbers has had that confidential information redacted (removed or hidden) by the applicant. Appendix 3, containing that information, if included, with this application and affidavit shall not be made part of the court file or provided to the public.
- Termination Date:** I request that my child support obligation for the above child be terminated on _____ Enter the date you are asking for the child support to end.

Enter the name, street address, city, state, and ZIP code of the person who receives the child support.

I request that the clerk of court send a copy of this application, not including Appendix 3 if received by the court, to the last known address of the adult who is receiving child support on behalf of my child, unless accompanied by waiver:

Name of adult _____
Street address _____
City, State, Zip _____

I understand that if there is any unpaid child support or interest owed prior to the requested date of termination, that amount is still owed. In the event the adult receiving support for the child does not file an objection within thirty days after the clerk's notice to him/her was mailed, I hereby request that the child support for the above child be terminated by court order as requested.

SIGN IN FRONT OF NOTARY PUBLIC

I hereby swear, or affirm, under penalty of perjury, that the above information is true.

Signature: _____ Date: _____
Printed Name: _____
(of person paying support)
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____

DO NOT Sign and date the form until a notary is there to witness. Enter your printed name, your address, telephone number, and your email address.

Read this statement carefully.

If you **CANNOT** receive emails, check the box, and use the lines to explain why you can't.

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Nebraska Supreme Court Rule § 2-208 requires individuals who are not attorneys and representing themselves to provide their email address. The court will use the email address to send notices from the court about this case **except** for items that require another type of service as directed by statute or Nebraska Supreme Court Rule.

If you no longer have email capability or if your email or other contact information changes, you must complete a [Change of Contact Information Form](#).

By checking this box, I am letting the court know that I do not have the ability to receive emails. The reason I cannot receive email is: _____

VERIFICATION

State of _____ }
County of _____ } ss.

This document was acknowledged before me by _____
this _____ day of _____, 20____.

Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any): _____

The notary will complete this section WHEN they witness you signing the form.

DO NOT complete anything on the last page. The court will complete this.

CLERK'S SERVICE OF NOTICE ON RECEIVER AND ASSIGNEE

A true and accurate copy of this application and affidavit to obtain termination of child support was sent by the clerk of the district court to:

1. The person receiving child support at the above address, and
2. The Department of Health and Human Services if there is an active assignment of support, by depositing copies thereof in the U.S. mail, postage prepaid on this day of _____, 20_____.

Clerk of Court: _____

NOTICE TO RECEIVER OF CHILD SUPPORT

The court shall terminate child support if no written objection has been filed within thirty days after the date the clerk's notice to the receiver was mailed, the forms and procedures have been complied with, and the court believes that a hearing on the matter is not required. As receiver of child support, if you do not file a written objection within thirty days after the date the notice was mailed, child support for this child may be terminated without further notice to you.