

**INSTRUCTIONS FOR COMPLETING THE  
APPLICATION AND AFFIDAVIT TO OBTAIN  
TERMINATION OF CHILD SUPPORT**

**Heading – will be the same as the heading in the original action.**

- a. Choose the county in the drop down box below the second blank.
- b. Enter the original case number assigned by the clerk of the court.
- c. Enter the full name of the plaintiff of the original action filed.
- d. Enter the full name of the defendant of the original action filed.

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

a.  (county where action is filed)

c.  Plaintiff, b. CASE NO.

(name person listed as plaintiff in original action)

d. VS.  Defendant.

(name of person listed as defendant in original action)

**BODY OF APPLICATION AND AFFIDAVIT TO OBTAIN TERMINATION OF CHILD SUPPORT**

- e. In the first blank, enter your first, middle, and last names.
- f. In the second blank, enter the first, middle, and last names of the child whose child support you are seeking to terminate. This paragraph does not have a number.

e. I, , swear that the child,

f. , for whom I am currently ordered

(full name of child)

- g. Next you will see four boxes, each describing a possible reason for terminating child support. Check the box that applies to your situation.

g.  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)

- a. If you check the box that states the child has reached 19 years of age, you must attach a certified copy of the child’s birth certificate. PLEASE NOTE that you do not need to file this form for a child reaching the age of 19 years unless the age and date of birth have been inaccurately recorded.
- b. If you check the box that states the child has married, you must attach a certified copy of the marriage license and certificate of marriage.
- c. If you check the box that states the child has died, you must attach a certified copy of the death certificate.
- d. If you check the box that states the child has been emancipated by a court order, you must attach a certified copy of the court order declaring the child emancipated. Additionally, in the blank following the box, enter the (Continued)

county where the order was entered. PLEASE NOTE that you cannot use this form or procedure to have the child declared emancipated. This procedure is to be used only in a situation where another court has already declared the child emancipated.

- h. In the second paragraph, enter the day, month and year you are requesting the child support be terminated. If you are requesting that the support be terminated because the child has reached 19 year of age, this date will be the date the child turns 19. If you are requesting that the support be terminated because the child married, died, or was emancipated, you should enter the date set forth in the certified copy you have attached to this application.

I request that my child support obligation for the above child be terminated on \_\_\_\_\_.

- i. In the third paragraph, enter the name, street address, city, state and ZIP code of the person to whom the child support is owed.

Name of adult \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### FINAL SIGNATURE

- j. DO NOT SIGN THE APPLICATION AND AFFIDAVIT UNTIL YOU ARE WITH A NOTARY PUBLIC.**

- k. Enter the date.
- l. Print your first, middle, and last names.
- m. Enter your full street address.
- n. Enter your city, state, and ZIP code.
- o. Enter your telephone number, including the area code.
- p. Enter your email address, if any.

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

\_\_\_\_\_  Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Your Full Name (person paying support)

\_\_\_\_\_  
Your Full Street Address/P.O. Box

\_\_\_\_\_  
City/State/ZIP Code

\_\_\_\_\_  
Phone E-mail Address

### VERIFICATION

**This form must be signed and sworn to in the presence of a Notary Public.**

In the presence of a Notary Public, sign your name and swear under oath that everything in the application and affidavit is a true statement.