

**APPLICATION AND
AFFIDAVIT FOR
TERMINATION OF CHILD
SUPPORT**

REQUIRED

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
(County where action is filed)

(Name of person listed as Plaintiff in original action)

Plaintiff

CASE NUMBER: _____

VS.

(Name of person listed as Defendant in original action)

Defendant

**APPLICATION AND AFFIDAVIT FOR
TERMINATION OF CHILD SUPPORT**

I, _____, swear that the child,
(Your full name)

_____, for whom I am currently ordered
(Full name of child)

to pay child support is no longer my obligation for the following reason:

- 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)*

**** 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.**

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

_____ day of _____, 20_____.

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 _____

