

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR MARION COUNTY, FLORIDA

Case Number: _____

State of Florida, Department of Revenue,
Child Support Enforcement:

Petitioner,

vs.

Respondent

MOTION TO SUSPEND/TERMINATE CHILD SUPPORT

1. I am the Petitioner, Respondent, Former Wife, Former Husband, and I respectfully request that this Court suspend/terminate child support in this case.

2. Child support should be SUSPENDED because:
 - The child is no longer in the household of the Petitioner.
 - Respondent is completely unable to work.
 - A doctor's note showing complete inability to pay is attached.
 - Other reason to suspend:

3. Child support should be terminated because:
 - The child has reached the age of 18 and is no longer in high school or has graduated.
 - The child is no longer subject to support because (give specific reason)

4. Parties have AGREED to this request. (Both parties must sign and notarize this motion)
 Parties have NOT agreed. A hearing is requested.

WHEREFORE, I request an order suspending/terminating child support.

Date: _____

Signature of Party

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Email: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20__ by _____.

Signature and Title of Notary Public or Deputy Clerk

(Print, type, or stamp commissioned name of Notary Public)

Personally Known **OR** Produced Identification

Type of Identification Produced: _____

OTHER PARTY:

Date: _____

Signature of Party

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Email: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20__ by _____.

Signature and Title of Notary Public or Deputy Clerk

(Print, type, or stamp commissioned name of Notary Public)

Personally Known **OR** Produced Identification

Type of Identification Produced: _____

I HEREBY CERTIFY that a copy of this document was mailed/hand delivered to the person(s) listed below this _____ day of _____, 20__, to _____ (address) _____

Signature of Party Filing Motion