



IN THE FAMILY COURT OF ST. LOUIS COUNTY, MISSOURI

Judge or Division:	Case Number:	(DATE FILE STAMP)
	MACSS Case ID:	
Petitioner:  SSN (last four digits) or D.O.B.	Petitioner's Address:	
Respondent:  SSN (last four digits) or D.O.B.	Respondent's Address:	Attorney: Bar #: Address: Phone:                      Fax: Representing: <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
<b>NOTE:</b> Party to be served:		

**Affidavit For Termination of Child Support**

Is there a wage withholding in effect  yes  no. If Yes, list employer's name and address \_\_\_\_\_

I, \_\_\_\_\_, am  receiving  paying support for \_\_\_\_\_  
(hereinafter referred to as the child), whose age is \_\_\_\_\_ and who is no longer entitled to support because:  
(Check **all** which are applicable):

- The child died on \_\_\_\_\_. (Copy of death certificate to be attached by a parent paying support).
- The child married on \_\_\_\_\_. (Copy of marriage license to be attached by parent paying support).
- The child entered active duty in the military on \_\_\_\_\_. (Verification to be attached by parent paying support).
- The child has become self-supporting, and the custodial parent has relinquished the child from parental control by express or implied consent.
- The child has attained the age of 21.
- The child is enrolled in and attending a secondary school program of instruction but has attained the age of 21.
- The child has attained the age of 18 and
  - has not graduated from secondary school or completed a graduation equivalence degree program and, upon reaching age 18, was not attending and progressing toward completion of a secondary school program of instruction.
  - has graduated from secondary school or completed a graduation equivalence degree program but did not enroll in an institution of vocational or higher education by October 1 following graduation or completion of the graduation equivalence degree program.
  - has enrolled in an institution of vocational or higher education by October 1 following graduation from secondary school or completion of a graduation equivalence degree program but has completed his or her education, failed to achieve grades sufficient to re-enroll at such institution, or failed to complete sufficient credit hours in each semester.
- The child has failed to submit a transcript or similar official document at the beginning of the semester to the parent paying support.
- The child is not physically or mentally incapacitated from supporting himself or herself, and the child's circumstances do not manifestly dictate that child support should continue. (Relief based on this fact alone is at the discretion of the Court)
- Other \_\_\_\_\_

The facts in this Affidavit are true to my best knowledge and belief and are made under penalty of perjury, (and I understand that if the person receiving support does not file an Answer or Affidavit within 30 days after service, it is my obligation to request the court to enter a judgment to terminate the support.)\*      \* Strike if Affidavit is filed by Parent Receiving Support.

\_\_\_\_\_  
Signature of Parent

Subscribed and sworn to before me on \_\_\_\_\_ Date                      \_\_\_\_\_ Deputy Clerk/Notary Public

**USE WHEN PARENT PAYING SUPPORT FILES AFFIDAVIT**

**NOTICE TO PARENT RECEIVING SUPPORT**

If you agree with the statements in this Affidavit and agree to termination of the obligation to pay support for the child, you may, but are not required to, file an Acknowledgment with the Court. Upon your filing of an Acknowledgment, a judgment terminating the obligation to pay support for the child will be entered.

If you disagree with the statements in this Affidavit and object to termination of the obligation to pay support for the child, you must file with the Court a written response which states the reasons the obligation to pay support for the child should continue. Upon your filing of a written response, the Court will treat this Affidavit as a request for hearing, will schedule an evidentiary hearing, and may require payment of a deposit as security for costs.

Your failure to file an Acknowledgment or written response with the Court within 30 days of your receipt of this Affidavit may result in entry by default of a judgment terminating the obligation to pay support for the child.

**SHERIFF OR SERVER'S RETURN**

I certify that I served a copy of this Affidavit at \_\_\_\_\_ (address)

in \_\_\_\_\_ County, \_\_\_\_\_ (state), on \_\_\_\_\_ (date) at \_\_\_\_\_ (time), by:

(Check one)

delivering a copy of the Affidavit filed by parent paying support and a blank Acknowledgment and Answer form (which may be completed and filed by the parent receiving support) to \_\_\_\_\_ (name);

leaving a copy of the Affidavit filed by parent paying support and a blank Acknowledgment and Answer form (which may be completed and filed by the parent receiving support) to \_\_\_\_\_ (name);

\_\_\_\_\_ (name) with \_\_\_\_\_ (name), a person of \_\_\_\_\_ (name)'s family over the age of 15 years.

other (describe) \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Sheriff or Server

\_\_\_\_\_  
Sheriff or Server

**Must be sworn before a notary public if not served by an authorized officer**

(Seal)

Subscribed and sworn to before me on \_\_\_\_\_.

My commission expires: \_\_\_\_\_ Date \_\_\_\_\_ Notary Public

**SHERIFF'S FEES (if applicable)**

Service Fee \$ \_\_\_\_\_

Mileage \$ \_\_\_\_\_ ( \_\_\_\_\_ miles @ \$ \_\_\_\_\_ per mile)

Total \$ \_\_\_\_\_

\_\_\_\_\_  
SHERIFF OR SERVER

**USE WHEN PARENT RECEIVING SUPPORT FILES AFFIDAVIT**

**CERTIFICATE OF MAILING**

I certify that on \_\_\_\_\_, I mailed a copy of this Affidavit to \_\_\_\_\_, the parent paying support, at \_\_\_\_\_ (address), \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Parent Receiving Support