

**INSTRUCTIONS FOR
REQUEST TO TERMINATE CHILD SUPPORT AND/OR ALIMONY**

Sample Interactive Form

IMPORTANT: THIS REQUEST CANNOT BE USED TO MODIFY A FINAL JUDGMENT DUE TO CHANGES IN FINANCIAL OR CUSTODY CIRCUMSTANCES. IT IS ONLY FOR SPECIFIC VERIFIABLE REASONS SUCH AS THE FOLLOWING :

1. A child has reached the age at which the final judgment says the support will end and petitioner needs an order for the clerk's depository or employer who is deducting the support.
2. One of multiple children has reached the age at which child support shall end and the order provides for a pro rata adjustment at that time.
3. A former wife/husband or child has died for which alimony or child support is being paid.
4. Former wife/husband has remarried, gained employment or other otherwise attained the circumstances that the final judgment indicates will end the alimony payments.
5. Petitioner and Respondent have remarried or are living together, but not married.

IMPORTANT: IF THE RECIPIENT OF CHILD SUPPORT IS REPRESENTED BY THE DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT OFFICE YOU MUST SERVE, by hand delivery, two (2) copies of your documents to the Department of Revenue, Child Support Enforcement Office [\(CSE Office Locations\)](#) , one (1) addressed to the Child Support Enforcement Unit and one (1) addressed to the to the Legal Services Unit. The Department must be involved with all child support matters, including back support.

1. **Type or neatly print** the *Request* for the Judge's consideration (be sure to complete all information and check the appropriate box(s). Names and addresses at the bottom must be typed except the signature. **If both parties do not sign the joint petition, you must mail or hand deliver a copy of the request to the other party and file a *Certificate of Service*. A hearing may be required.**

2. **Type** the *Order* including the full names, case number, division and date of previous order. **Make two additional copies** of the Order.

3. **Send the following to Clerk of Court, Family Law Division.**

[\(Clerk of Court Addresses\)](#)

- The original *Request to Terminate Child Support/Alimony* and *Certificate of Service*.
- Copies of **death and/or marriage certificates** (where applicable).
- The original and two (2) copies of the *Order* (**must be completely and accurately typed**).
- **Two (2) self-addressed, stamped envelopes (one addressed to each party).**

If the judge grants your request, the order will be signed and a copy will be mailed to each party and to the Clerk's Domestic Relations Division (child support depository). You should receive a copy of the order within four (4) to six (6) weeks of submission.

Sample Interactive Form

IN THE CIRCUIT COURT IN AND FOR
FAMILY LAW DIVISION

COUNTY, FLORIDA

_____, Petitioner

Case Number: _____

Vs.

Division: _____

_____, Respondent

DEPACCT.#: _____

REQUEST TO TERMINATE CHILD SUPPORT AND/OR ALIMONY

The undersigned Petitioners, being under a Court Order to pay and receive
() child support and/or () alimony payments through the designated depository, request
the Court to terminate that provision of the Order effective the _____ day of
_____, _____.

1. The reason for this request is as follows:

_____ A child has reached the age at which the final judgment says the support will end and
petitioner needs an order for the clerk's depository or employer who is deducting the support.

_____ One of multiple children has reached the age at which child support shall end and the order
provides for a pro rata adjustment at that time.

_____ The former wife/husband who is being paid alimony has died.

_____ A child has died for which child support is being paid.

_____ Former wife/husband has remarried, gained employment or other otherwise attained the
circumstances that the final judgment indicates will end alimony payments.

_____ Petitioner and Respondent () remarried () are living together, but not married.

2. Petitioners ___ are ___ are not currently receiving Aid to Families with Dependent
Children (AFDC) or other public assistance benefits from the State of Florida.

3. Petitioners ___ have ___ have not received AFDC or other public assistance benefits
from the State of Florida in the past.

PAYOR:

PAYEE:

(Signature)

(Signature)

Name - typed or printed

Name - typed or printed

Address

Address