|  | ,               | Case No.  |
|--|-----------------|---|
| (name of plaintiff in original action) | Plaintiff,      |   |
| vs.                                    |                 | APPLICATION AND   |
|  |                 | AFFIDAVIT FOR   |
|  |                 | TERMINATION OF<br>CHILD SUPPORT   |
| (name of defendant in original action) | Defendant.      | CHILD SUFFORT   |
| I,                                     |                 | , swear that the child,   |
| (your full name)                       |                 |   |
|  | , for           | whom I am currently   |
| (full name of child)                   |                 |   |
| ordered to pay child support is no l   | longer my obli  | gation for the following reason:  |
| •                                      |                 | opy of birth certificate attached.**<br>marriage license and certificate of |
| The child has died. Certifi            | ed copy of dea  | th certificate attached. **   |
| The child has been emancip             | pated by court  | order from  |
| Certified copy of the court of         | order attached. | (name of court)   |
|  |                 |   |

\*\* pursuant to Neb. Ct. R. §6-1521(c), all documentation containing dates of birth or social securitynumbers 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

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 |  |

I understand that if there is any unpaid child support or interest owed prior to the requested date of termination, that amount is still owed. In the event the adult receiving support for the child does not filean objection within thirty days after the clerk's notice to him/her was mailed, I hereby request that the child support for the above child be terminated by court order as requested.

## SIGN IN FRONT OF NOTARY PUBLIC

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

| Signature:                 | Date: |  |
|----------------------------|-------|--|
| Printed Name:              |       |  |
| (of person paying support) |       |  |
| Street Address/P.O. Box:   |       |  |
| City/State/ZIP Code:       |       |  |
| Telephone Number:          |       |  |
| Email address:             |       |  |

Continued from previous page.

\*Nebraska Supreme Court Rule § 2-208 requires individuals who are not attorneys and representing themselves to provide their email address. The court will use the email address to send notices from the court about this case **except** for items that require another type of service as directed by statute or Nebraska Supreme Court Rule.

If you no longer have email capability or if your email or other contact information changes, you must complete a Change of Contact Information Form.

By checking this box, I am letting the court know that I do not have the ability to receive emails. The reason I cannot receive email is:

## VERIFICATION

| State of          |                        |   |   |  |
|-------------------|------------------------|---|---|--|
| County of         |                        | ) ss.<br>)                                    |   |  |
| This documen      | t was acknowledg       | ged before me by                              | , |  |
| this <u> </u>     | lay of                 | , 20  |   |  |
| Signature of Judg | ge/Clerk of the Court/ | _ Notary commission expires:<br>Notary Public |   |  |
| Title:            |                        | Serial Number (if any):                       |   |  |

## CLERK'S SERVICE OF NOTICE ON RECEIVER AND ASSIGNEE

A true and accurate copy of this application and affidavit to obtain termination of child support was sent by the clerk of the district court to:

- 1. The person receiving child support at the above address, and
- 2. The Department of Health and Human Services if there is an active assignment of support, by depositing copies thereof in the U.S. mail, postage prepaid on this day of .20.

Clerk of Court:

## NOTICE TO RECEIVER OF CHILD SUPPORT

The court shall terminate child support if no written objection has been filed within thirty days after the date the clerk's notice to the receiver was mailed, the forms and procedures have been complied with, and the court believes that a hearing on the matter is not required. As receiver of child support, if you do not file a written objection within thirty days after the date the notice was mailed, child support for this child may be terminated without further notice to you.