

_____,
(name of plaintiff in original action) Plaintiff,

vs.

_____,
(name of defendant in original action) Defendant.

Case No. _____

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

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

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

ordered 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

_____.

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 file an 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: _____

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.**