

INSTRUCTIONS FOR COMPLETING THE APPLICATION AND AFFIDAVIT TO OBTAIN TERMINATION OF CHILD SUPPORT

Heading – will be the same as the heading in the original action.

- a. Choose the county in the drop down box below the blank.
- b. Enter the original case number assigned by the clerk of the court.
- c. Enter the full name of the plaintiff of the original action filed.
- d. Enter the full name of the defendant of the original action filed.

a. IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
Choose the county

b. Case No. _____

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

d. vs. _____ Defendant.
(name of defendant in original action)

APPLICATION AND AFFIDAVIT FOR TERMINATION OF CHILD SUPPORT

BODY OF APPLICATION AND AFFIDAVIT TO OBTAIN TERMINATION OF CHILD SUPPORT

- e. In the first blank, enter your first, middle, and last names.
- f. In the second blank, enter the first, middle, and last names of the child whose child support you are seeking to terminate. This paragraph does not have a number.

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

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

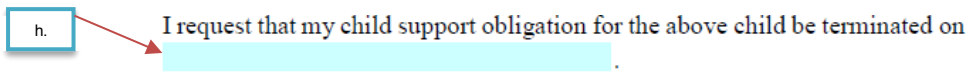
- g. Next you will see four boxes, each describing a possible reason for terminating child support. Check the box that applies to your situation.

g. 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)

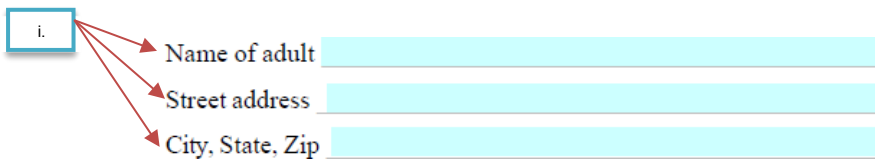
- a. If you check the box that states the child has reached 19 years of age, you must attach a certified copy of the child’s birth certificate. PLEASE NOTE that you do not need to file this form for a child reaching the age of 19 years unless the age and date of birth have been inaccurately recorded.
- b. If you check the box that states the child has married, you must attach a certified copy of the marriage license and certificate of marriage.
- c. If you check the box that states the child has died, you must attach a certified copy of the death certificate.
- d. If you check the box that states the child has been emancipated by a court order, you must attach a certified copy of the court order declaring the child emancipated. Additionally, in the blank following the box, enter the (Continued)

county where the order was entered. PLEASE NOTE that you cannot use this form or procedure to have the child declared emancipated. This procedure is to be used only in a situation where another court has already declared the child emancipated.

- h. In the second paragraph, enter the day, month and year you are requesting the child support be terminated. If you are requesting that the support be terminated because the child has reached 19 year of age, this date will be the date the child turns 19. If you are requesting that the support be terminated because the child married, died, or was emancipated, you should enter the date set forth in the certified copy you have attached to this application.

 I request that my child support obligation for the above child be terminated on _____.

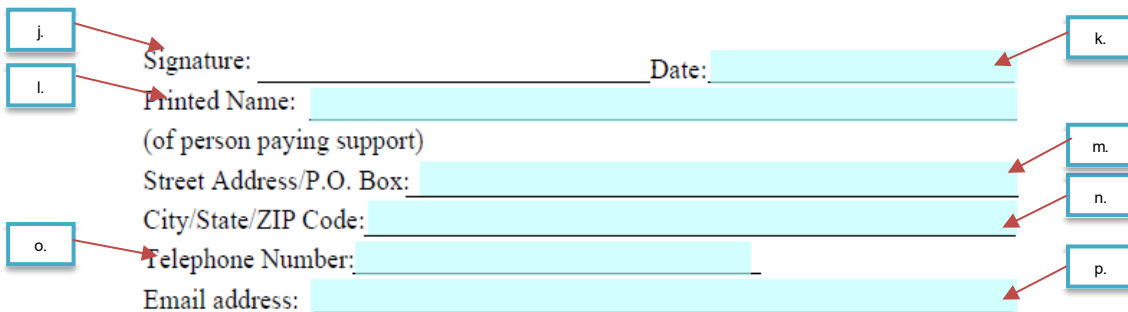
- i. In the third paragraph, enter the name, street address, city, state and ZIP code of the person to whom the child support is owed.

 Name of adult _____
Street address _____
City, State, Zip _____

FINAL SIGNATURE

- j. DO NOT SIGN THE APPLICATION AND AFFIDAVIT UNTIL YOU ARE WITH A NOTARY PUBLIC.**

- k. Enter the date.
- l. Print your first, middle, and last names.
- m. Enter your full street address.
- n. Enter your city, state, and ZIP code.
- o. Enter your telephone number, including the area code.
- p. Enter your email address, if any.

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

- p. Carefully read the statement.
 - i. Check the box if you do not have the ability to receive emails.
 - ii. You must give the reason you don't have the ability to receive emails on the line provided.

i.

*[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: _____

ii.

VERIFICATION

This form must be signed and sworn to in the presence of a Notary Public.

In the presence of a Notary Public, sign your name and swear under oath that everything in the application and affidavit is a true statement.