## IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA Case No.: STATE OF FLORIDA, Department of Revenue/Child Support on behalf of: Petitioner, VS. Respondent. MOTION TO SUSPEND/TERMINATE CHILD SUPPORT I am the Petitioner, Respondent, Former Wife, Former Husband, and I 1. respectfully request that this Court suspend/terminate child support in this case. 2. Child support should be SUSPENDED because: The child is no longer in the household of the Petitioner. Respondent is completely unable to work A doctor's note showing complete inability to pay is attached. Other reason to suspend: 3. Child support should be TERMINATED because: The child has reached the age of 18 and is no longer in high school or has graduated. the child is no longer subject to support because (give specific reason) 4. Parties have AGREED to this request. Both parties must sign and notarize this motion. Parties have NOT agreed. A hearing is requested. WHEREFORE, I request an order suspending/terminating child support. Date: \_\_\_\_\_ Signature of Party Printed name: Address: City/State/Zip\_\_\_\_\_ Telephone:

Email:

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT

State of Florida County of	
Date:	Signature of Party filing motion
	Printed name:
Sworn to (or affirmed) and subscribed before	re me on this (date), 20
	Notary or Deputy Clerk
	Print name or stamp commissions name of notary
Check one: Personally known Produced identification.	own tification: Type of identification:
OTHER PARTY:	
Date:	Signature of Other Party
	Printed name:
	Address:
	City/State/Zip Telephone: Email:
Sworn to (or affirmed) and subscribed before	re me on this day
	Notary or Deputy Clerk
	Print name or stamp commissions name of notary
Check one: Personally known Produced idea	own ntification: Type of identification:
I HEREBY CERTIFY that a copy has been below this day of	icate of Service furnished by mail/hand delivery to the person listed
(address)	,
	Signature of Party Filing Motion