Cass County Friend of the Court

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"Cass County is an equal opportunity provider and employer"

REQUEST TO ABATE (STOP) CHILD SUPPORT FOR SPECIAL CIRCUMSTANCES

CASE NO._____

Plaintiff's name, address, and telephone number	Defendant's name, address, and telephone number
_____	_____
_____	_____
_____	_____
_____	_____

I am the _____ Plaintiff _____ Defendant in this case

I WISH TO REQUEST THAT CHILD SUPPORT ABATE (STOP) FOR THE FOLLOWING CHILD(REN):

Name of Child	Date of birth	Date child started living with me
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use an attachment for additional children and list their names, dates of birth and date children started living with you)

I AM REQUESTING THAT CHILD SUPPORT ABATE (STOP) FOR THE FOLLOWING REASONS:

_____

_____

_____

By requesting my child support to stop, I understand that if there is a current court order for custody or parenting time, it will remain in effect. I understand that the FOC will send a 21 day notice to both parties recommending that support be stopped based upon my representations. If there is no objection filed, my child support for the minor child or children will be stopped while the special circumstances justifying abatement continue or until further order of the court. If an objection is filed, I understand I will have to file a motion requesting that support be stopped. I understand that if child support is stopped and if any of my children identified above start receiving public assistance, then my child support obligation may be reinstated in the amount last ordered by this Court. **IF YOU WANT TO FORGIVE CHILD SUPPORT ARREARS, PLEASE ALSO USE FORM "Stipulation to Cancel Support Arrearage."**

_____

Signature of Requesting Party Date