

Allen County Child Support Enforcement Agency



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Vicki J. Tarr, Director

REQUEST FOR TERMINATION OF CHILD SUPPORT ORDER

SETS Case No.:

Case Number.:

Your Name: _____

Social Security No.: _____ Your Phone #: _____

Your Address: _____

Other Party's Name: _____

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Age of Majority/Graduation
Graduation Date _____ Birth Date _____
School Name and Address _____

Remarriage, proof attached. Date of Remarriage _____

Legal Change of Custody, copy attached. **Legal Adoption**, copy attached.
Date of Order _____ Date of Adoption _____

Enlistment in the Armed Forces, proof attached.

Marriage of the Child Date of Marriage _____ Place of Marriage _____

Other Reason for which the Support Order should terminate, explain below.

***** Please sign your name at the line indicated below:

Parent's Signature

Date