

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No. _____

Petitioner,
and

Respondent.

MOTION TO TERMINATE CHILD SUPPORT AND VACATE INCOME DEDUCTION ORDER

1. THE MOVANT _____ (name of person filing this motion) requests the Court to terminate child support and vacate the income deduction order entered in this case because the person paying child support is no longer obligated to pay support. The child has attained the age of eighteen and is not in high school, performing in good faith, with a reasonable expectation of graduating before age nineteen.

2. [one only]

____ An Agreement to terminate child support and vacate the income deduction order which was signed by the other party and notarized is attached to the motion.

____ I request a hearing because the parties do not agree.

3. **I have attached a current copy of the child support print out showing that all payments are current.**

FAILURE TO ATTACH A COPY OF THE ACCOUNT SHOWING CHILD SUPPORT IS CURRENT WILL RESULT IN THE MOTION BEING DENIED WITHOUT A HEARING.

CERTIFICATE OF SERVICE

I certify that a copy of this document was () mailed () faxed and mailed () e-mailed () hand-delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Designated E-mail Address(es): _____

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this motion and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party or his/her attorney
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-mail Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the: *{choose only one}* () Petitioner () Respondent
This form was completed with the assistance of: {name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, {state} _____, {zip code} _____, {telephone number} _____