

IN THE 15TH JUDICIAL CIRCUIT, SALINE COUNTY, MISSOURI

JDCCCXX	• ··· ·	7
Judge or Division:	Case Number:	-
Detitioner	MACSS Case ID:	-
Petitioner:	Petitioner's Address:	
SSN (last four digits) or DOB:		
VS.		
Respondent:	Respondent's Address:	
SSN (last four digits) or DOB:		(Date File Stamp)
	Termination of Child Support	
(This form may be used only where a	claim is made that no child remains e	entitled to support.)
I,, am [☐ receiving support ☐ paying support for	
	ge is and who is no longer entitled to su	pport because:
(Check all which are applicable):		
the child died on	(date).	
the child married on	(date).	
the child entered active duty in the milita	ry on (date).	
the child has become self-supporting, an by express or implied consent.	d the custodial parent has relinquished the child	from parental control
\Box the child has attained the age of 21.		
•	econdary (high) school program of instruction but	has attained the age
of 21.		
the child has attained the age of 18 and		
	high) school or completed a graduation equivaler attending and progressing toward completion of	
) school or completed a graduation equivalence on tional or higher education by October 1 following ence degree program.	
has enrolled in an institution of vocat	tional or higher education by October 1 following	graduation from
secondary (high) school or completion	on of a graduation equivalence degree program, institution or failed to complete sufficient credit he	but failed to achieve
	tution of vocational or higher education (course lo f or more of his/her course load in any one seme	
	tution of vocational or higher education, the child ation of grades from the education institution as re	
The child is not physically or mentally inc circumstances do not manifestly dictate	capacitated from supporting himself or herself, an that child support should continue.	d the child's
Other:		
I swear/affirm under the penalty of perjury that	t these facts are true to my best knowledge and I	pelief.

Date

	Notice to Parent Re	ceiving Support					
you may, but are not req	ements in this Affidavit and agree to uired to, file an Acknowledgement v obligation to pay support for the ch	vith the court. Upon y					
If you disagree with the statements in this Affidavit and object to termination of the obligation to pay support for the child, you must file with the court an Answer which states the reasons the obligation to pay support for the child should continue. Upon your filing of an Answer, the court will treat this Affidavit as a request for hearing.							
Your failure to file an Acknowledgment or Answer with the court within 30 days of your receipt of this Affidavit may result in entry by default of a judgment terminating the obligation to pay support for the child.							
Certificate of Service of Parent Receiving Support							
I certify that on	(date), I filed the original Affidavit with the circuit clerk of						
(County/City of St. Louis), MO, at			(address), and			
mailed a copy to		(n	ame), the parent payin	ig support, at			
	(address)	,	(city),	(state).			
	_	Signature of	Parent Receiving Suppo	ort			
	Sheriff's or Ser	ver's Return					
Leartify that Learned this	Affidovit ot			(addraga) in			
•	Affidavit at (County/City of St. Louis), N			. ,			
(Check one)		0, 011	(uale), al	(time), by.			
, , ,	ne affidavit, answer, and acknowled	noment forms to		(name):			
	affidavit, answer, and acknowledge	-		. ,			
	(nam						
person at least 18 ve	ars of age residing therein.			(namo), a			
Printed Name of Sheriff or Server			Sheriff or Server				
	Must be sworn before a no	stary public if not s	orwed by an authorize	ad officar			
	Subscribed and sworn to be		•				
(Seal)	Subscribed and sworn to be			(uale).			
	My commission expires:						
		Date	Notary Pu	ıblic			
Sheriff's Fee (if applied Service Fee	cable) \$						
Sheriff's Deputy Salary							
Supplemental Surcharge Mileage	\$ <u>10.00</u> \$ miles @	§ per mile)					
Total	\$						
			Sheriff or Server				

	Complet	te for Out of State Servic	ce	
1) I am authorized	to serve process in civil actior	ns within the state or territory	where the Affidavit was se	erved.
	S			
, <u>-</u>	e above Affidavit by: (check o		000,	(0.0.00)
,	copy of the Affidavit and Answ	,	orms to	(name):
	of the Affidavit and Answer ar	-		
		-	-	-
	st 18 years of age residing the			. ,
🗌 other: (desc	ribe)			·
Served at				(address) in
	County,	(state), on	(date) at	(time).
Printed N	lame of Sheriff or Server		Sheriff or Server	
Subscribed and sv	vorn before me this	(date).		
I am: (check one)	 the judge of the court of y authorized to administer for out-of-state officer) 			Affidavit. (use
(Seal)				
	-	Signa	ature and Title	
	Directions to Officer	Making Return on Servi	ce of Affidavit	
when offered to hi	davit must be served on each p m, the return shall be prepare p receive the same.			
legally appointed the Affidavit at the residing therein, o receive service of	nade: (1) On Individual. On an guardian, by delivering a copy individual's dwelling house or r by delivering a copy of the A process; (2) On Guardian. On ering a copy of the Affidavit to	of the Affidavit personally to usual place of abode with s ffidavit to an agent authorize an infant or incompetent pe	the individual or by leaving ome person at least 18 year d by appointment or requir	g a copy of ars of age ed by law to
	ade by an officer or deputy au ch service is made.	thorized by law to serve proc	cess in civil actions within t	he state or
Service may be m "territory" for the v	ade in any state or territory in vord "state."	the United States. If served	in a territory, substitute the	word
clerk, or judge of t affidavit must state	outside of Missouri, the officer he court of which the person is e the time, place, and manner process in civil actions within t	s an officer or other person a of service, the official charac	authorized to administer oa cter of the affiant, and the a	ths. This
The return should	be made promptly.			