



IN THE 15TH JUDICIAL CIRCUIT, SALINE COUNTY, MISSOURI

Judge or Division:	Case Number:	(Date File Stamp)
	MACSS Case ID:	
Petitioner:	Petitioner's Address:	
SSN (last four digits) or DOB:	vs.	
Respondent:	Respondent's Address:	
SSN (last four digits) or DOB:		

Affidavit for Termination of Child Support

(This form may be used only where a claim is made that no child remains entitled to support.)

I, _____, am receiving support paying support for _____ (hereinafter referred to as the child), whose age is _____ and who is no longer entitled to support because:

(Check **all** which are applicable):

- the child died on _____ (date).
- the child married on _____ (date).
- the child entered active duty in the military on _____ (date).
- the child has become self-supporting, and the custodial parent has relinquished the child from parental control by express or implied consent.
- the child has attained the age of 21.
- the child is enrolled in and attending a secondary (high) school program of instruction but has attained the age of 21.
- the child has attained the age of 18 and
 - has not graduated from secondary (high) school or completed a graduation equivalence degree program and, upon reaching age 18, was not attending and progressing toward completion of a secondary (high) school program of instruction.
 - has graduated from secondary (high) school or completed a graduation equivalence degree program but did not enroll in an institution of vocational or higher education by October 1 following graduation or completion of the graduation equivalence degree program.
 - has enrolled in an institution of vocational or higher education by October 1 following graduation from secondary (high) school or completion of a graduation equivalence degree program, but failed to achieve grades sufficient to re-enroll at such institution or failed to complete sufficient credit hours in each semester (at least 12 semester hours or the equivalent).
 - when enrolled and attending an institution of vocational or higher education (course load of at least 12 hours), received failing grades in half or more of his/her course load in any one semester.
 - when enrolled and attending an institution of vocational or higher education, the child failed to provide the non-custodial parent with documentation of grades from the education institution as requested by the non-custodial parent.
- The child is not physically or mentally incapacitated from supporting himself or herself, and the child's circumstances do not manifestly dictate that child support should continue.
- Other: _____

I swear/affirm under the penalty of perjury that these facts are true to my best knowledge and belief.

Signature of Person Paying/Receiving Support

Date

Notice to Parent Receiving Support

If you agree with the statements in this Affidavit and agree to termination of the obligation to pay support for the child, you may, but are not required to, file an Acknowledgement with the court. Upon your filing of an Acknowledgement, a judgment terminating the obligation to pay support for the child will be entered.

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 _____ (name), the parent paying support, at _____ (address), _____ (city), _____ (state).

Signature of Parent Receiving Support

Sheriff's or Server's Return

I certify that I served this Affidavit at _____ (address) in _____ (County/City of St. Louis), MO, on _____ (date), at _____ (time), by:

(Check one)

- delivering a copy of the affidavit, answer, and acknowledgement forms to _____ (name);
- leaving a copy of the affidavit, answer, and acknowledgement forms at the dwelling house or usual place of abode of _____ (name), with _____ (name), a person at least 18 years of age residing therein.
- other: (describe) _____.

Printed Name of Sheriff or Server

Sheriff or Server

Must be sworn before a notary public if not served by an authorized officer.

(Seal)

Subscribed and sworn to before me on _____ (date).

My commission expires: _____
Date Notary Public

Sheriff's Fee (if applicable)

Service Fee	\$ _____
Sheriff's Deputy Salary	
Supplemental Surcharge	\$ 10.00 _____
Mileage	\$ _____ (_____ miles @ \$._____ per mile)
Total	\$ _____

Sheriff or Server

