



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), Missouri 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), \_\_\_\_\_ (state), on \_\_\_\_\_ (date), at \_\_\_\_\_ (time), by:

(Check one)

- delivering a copy of the Affidavit and Answer and Acknowledgement forms to \_\_\_\_\_ (name);
- leaving a copy of the Affidavit and Answer and Acknowledgement forms at the dwelling place or usual abode of \_\_\_\_\_ (name), with \_\_\_\_\_ (name), a person of \_\_\_\_\_ (name)'s family over the age of 15 years.
- 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

**Complete for Out of State Service**

- 1) I am authorized to serve process in civil actions within the state or territory where the Affidavit was served.
- 2) My official title is \_\_\_\_\_ of \_\_\_\_\_ County, \_\_\_\_\_ (state).

Subscribed and sworn before me this \_\_\_\_\_ (date).

- I am: (check one)
- the clerk of the court of which affiant is an officer.
  - the judge of the court of which affiant is an officer.
  - authorized to administer oaths in the state in which the affiant served the above Affidavit. (use for out-of-state officer)
  - authorized to administer oaths. (use for court-appointed server)

*(Seal)*

\_\_\_\_\_  
Signature and Title

**Directions to Officer Making Return on Service of Summons**

A copy of the Affidavit must be served on each person. If any person refuses to receive the copy of the Affidavit when offered to him, the return shall be prepared to show the offer of the officer to deliver the Affidavit and the person’s refusal to receive the same.

Service shall be made: (1) On Individual. On an individual, including an infant or incompetent person not having a legally appointed guardian, by delivering a copy of the Affidavit to the individual personally or by leaving a copy of the Affidavit at the individual’s dwelling house or usual place of abode with some person of the family over 15 years of age, or by delivering a copy of the Affidavit to an agent authorized by appointment or required by law to receive service of process; (2) On Guardian. On an infant or incompetent person who has a legally appointed guardian, by delivering a copy of the Affidavit to the guardian personally.

Service may be made by an officer or deputy authorized by law to serve process in civil actions within the state or territory where such service is made.

Service may be made in any state or territory in the United States. If served in a territory, substitute the word “territory” for the word “state.”

If service is made outside of Missouri, the officer making the service must swear an affidavit before the clerk, deputy clerk, or judge of the court of which the person is an officer or other person authorized to administer oaths. This affidavit must state the time, place, and manner of service, the official character of the affiant, and the affiant’s authority to serve process in civil actions within the state or territory where service is made.

The return should be made promptly.