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Phone: 866-901-3212 Fax: 209-558-3135

**REPLY TO:**  
P.O. Box 4189, Modesto, CA 95352-4189

**Department of Child Support Services**



**Tamara Thomas  
Assistant Director**

**REQUEST FOR CASE CLOSURE**

NONCUSTODIAL PARENT:

CASE #:

My name is \_\_\_\_\_ , PAR # \_\_\_\_\_

I am the custodial person in the child/spousal support action currently being handled by the DEPARTMENT OF CHILD SUPPORT SERVICES involving the noncustodial parent, \_\_\_\_\_ , PAR # \_\_\_\_\_

The child(ren) listed below is/are not receiving public assistance.

The child(ren) is this case is/are:

<u>Child's Name</u>	<u>Birth Date</u>	<u>Child's Name</u>	<u>Birth Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

After considering this matter carefully, I request that the STANISLAUS COUNTY DCSS close this case and discontinue any efforts to establish, enforce or collect support from \_\_\_\_\_ on behalf of the child(ren) listed above, except for any amounts that may be owing to the County of STANISLAUS or to the State of California.

I am making this request because

\_\_\_\_\_  
\_\_\_\_\_

I certify that I am making this request voluntarily, and I am doing so by my own choice without threats, duress, or undue influence of any kind. I understand that I may re-apply and open this case at any time in the future as long as the noncustodial parent has an obligation to pay current child support or arrearage on behalf of the above child(ren).

DATED: \_\_\_\_\_

\_\_\_\_\_  
CUSTODIAL PERSON