Clear Form

DEPARTMENT OF HUMAN SERVICES



CHILDREN AND FAMILY SERVICES – CHILD SUPPORT

# Request to Close Support Case

## Purpose

Use this form to close your support case. Once your case is closed, your county child support agency will stop collecting support or maintenance for the case(s) listed below. If income withholding is currently being used to collect support, maintenance, or both, it will stop, except to collect any support owed to the state.

## Instructions

To close your support case, complete and sign this form. Mail the completed form to your county child support agency.

A support case may be closed only if ***both*** of the following are true:

- The person requesting case closure is the applicant for services on the case.
- No child on the case is currently receiving public assistance benefits from any of the following programs:
  - Minnesota Family Investment Program
  - Diversionary Work Program
  - Medical Assistance
  - IV-E Foster Care
  - Child Care Assistance Program

## Definitions

***Obligee*** is a person to whom payments for maintenance or support are owed.

***Obligor*** is a person obligated to pay maintenance or support. A person who has primary physical custody of a child is presumed not to be an obligor for the purposes of child support. For purposes of ordering medical support, a parent who has primary physical custody of a child may be an obligor subject to a payment agreement.

## Request *(check the box that applies)*

☐ **I am the obligee and the person who applied for support services.** I want to close the support case(s) listed below. I understand that I must make arrangements with the obligor to collect basic support, medical support, child care support and maintenance payments.

| Case number | Obligor's name | County providing services |
|---|---|---|
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☐ **I am the obligor and the person who applied for support services.** I want to close the support case(s) listed below. I understand that I must make arrangements with the obligee to pay basic support, medical support, child care support and maintenance payments.

| Case number | Obligee's name | County providing services |
|---|---|---|
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## Reason *(optional)*

I am requesting my support can be closed because:

☐ I do not want to pay a cost recovery fee

☐ I do not want to pay a federal annual fee

☐ Other:

I understand that I can reapply for full child support services or income withholding services at any time.

| SIGNATURE | | | EFFECTIVE DATE |
|---|---|---|---|
| PRINT NAME | | PHONE NUMBER | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်,သံကွၢ်ဘဉ်ပှၤဂ့ၢ်ဝီအပှၤမၤစၢၤတၢ်လၢနဂီၢ်မ့တမ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하ᄉᆡᆸ시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກໍາກັບການຊ່ວຍເຫຼືອ ຂອງທ່ານ ຫຼື ໂທຣໄປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

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ADA Advisory

For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)