

VOLUNTARY CASE CLOSURE REQUEST

DCSS 0432 (09/13/05)

CSE Case Number: _____

My name is _____ I am the custodial party in the support action against _____
[Other Parent's Name]. The **child(ren)** listed below is not currently receiving public assistance and no
application for public assistance is pending.

The **child(ren)** in the case **is/are**:

[DEPENDANT	NAMES]	[DOB]	[DEPENDANT	NAMES]	[DOB]
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After considering this matter carefully, I request that Tulare County Department of Child Support Services
close the case and stop all efforts to establish, enforce, or collect support from _____
[Other Parent's Name]. I understand that Tulare County Department of Child Support will keep this
case open to pursue collection for any amounts that may be owed to Tulare County Department of Child
Support 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.

I understand that in closing my case I will no longer receive assistance from the Department
of Child Support **Services** to:

- Establish or disestablish paternity.
- Locate the noncustodial parent or any assets of the noncustodial parent.
- Intercept federal or state tax refunds to enforce collection.
- Revoke the noncustodial parent's passport or any business or operating licenses to enforce collection.
- Guide me in enforcing my order or serving documents on the noncustodial parent.

I understand Tulare County Department of Child Support Services will no longer be a party to court
proceedings regarding this order.

I understand that I may reopen this case at any time in the future as long as current or past due support
is owed. However if the **child(ren)** in this case has emancipated it is possible the case may not be
reopened.

PRINT NAME_____
SIGNATURE OF CUSTODIAL PARTY_____
DATE

PLEASE **SIGN THIS** FORM AND RETURN IT TO:
Tulare County Department of Child Support Services

VOLUNTARY CASE CLOSURE REQUEST

DCSS 0432 (09/13/05)

CSE Case Number: _____

My name is _____ the custodial party in the support action against _____
[Other parent's name]. The child(ren) listed below is not currently receiving public assistance
and no application for public assistance is pending.

The child(ren) in the case is/are:

[DEPENDANT NAMES] [DOE] [DEPENDANT NAMES] [DOB]

After considering this matter carefully, I request that Tulare County Department of Child Support close the case and stop all efforts to establish, enforce, or collect support from _____
[Other Parent's Name]. I understand that Tulare County Department of Child Support will keep this case open to pursue collection for any amounts that may be owed to Tulare County Department of Child Support Services or to the State of California.

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PRINT NAME_____
SIGNATURE OF CUSTODIAL PARTY_____
DATE**KEEP THIS COPY FOR YOUR RECORDS**