

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

NOTICE AND MOTION TO REVOKE CHILD SUPPORT

Movant		Respondent		DCSS #
Name	D.O.B.	Name	D.O.B.	File Number
Street Address (including Apt)		Street Address (including Apt)		Petition Number(s)
P.O. Box Number		P.O. Box Number		Other State Number
City/State/Zip Code		City/State/Zip Code		IV-D Status <input type="checkbox"/> IV-D <input type="checkbox"/> Non IV-D
Attorney Name and Phone Number		Attorney Name and Phone Number		

MOVANT ASSERTS that _____ is under an order to pay current support in the amount of \$ _____ per _____ and/or arrears/back support/fees in the amount of \$ _____ per _____ and that:

- all arrears/back support/fees are paid
- the youngest child on the Order is 19 or 18 and: was graduated from or stopped attending high school on _____
(Documentation attached)
- all the children on the Order moved from the home of _____ on _____
to the home of _____ (DOCUMENTATION REQUIRED)
- See custody order of _____ Or See Documentation Attached

WHEREFORE, MOVANT SEEKS an Order terminating the current support arrears/back support obligation and modifying any Income

Withholding Order accordingly. Employer: _____
Address _____

Obligor also wishes payment on arrears/back support to be increased to \$ _____ per _____

- Other: (Attach add'l pages if necessary) _____

MOVANT AFFIRMS that the above statements are true and that this motion was filed with Family Court and a copy was deposited in the U.S. Mail on _____ with sufficient postage, addressed to the Division of Child Support Services (appropriate county address on reverse of form) AND:

i
t

Date _____ Movant/Attorney

Sworn to subscribed before me: _____
Clerk of Court/Notary Public _____ Date _____

NOTICE: RESPONDENT HAS THE RIGHT TO FILE A RESPONSE WITHIN TEN (10) DAYS OF THE SERVICE OF THIS MOTION. IF NO RESPONSE IS TIMELY FILED, THE MOTION MAY BE DECIDED WITHOUT OTHER OPPORTUNITY TO BE HEARD.

PURSUANT TO 13 Del. Code §517, UPON CONSIDERATION OF THE MOTION AND DCSS account statement Response

- No Response _____

IT IS SO ORDERED THAT:

- Current Support Order is REVOKED effective _____ Back Support/Arrears Order is REVOKED
- Income Attachment is: **Cancelled** _____ **Modified** \$ _____/mo.
- Continued** at \$ _____/mo. all on arrears.. Medical Support Order and any attachment are REVOKED
- RESPONDENT DCSS REFUND ANY OVERPAYMENT IN ITS POSSESSION DCSS apply any later payments to arrears
- The Motion is **DENIED**
- Other: _____

So Ordered this Date: _____ Judge/Commissioner

CC: FILE PARTIES DCSS ATTY DCSS ACCOUNTING DCSS OPERATIONS OS AGENCY Other:

**PLEASE NOTE: THE ORIGINAL COMPLETED FORM MUST BE FILED WITH
FAMILY COURT.**

FOR ALL CHILD SUPPORT CASES HANDLED THROUGH THE DIVISION OF CHILD
SUPPORT SERVICES (DCSS), A COPY OF THIS NOTICE AND MOTION TO
REVOKE CHILD SUPPORT MUST BE SENT TO THE DCSS OFFICE IN THE
COUNTY WHERE YOUR CASE IS LOCATED.

IF YOUR CASE IS LOCATED IN NEW CASTLE COUNTY, SEND COPY TO:

DIVISION OF CHILD SUPPORT SERVICES
P.O. BOX 15012
WILMINGTON, DE 19850

IF YOUR CASE IS LOCATED IN KENT COUNTY, SEND COPY TO:

DIVISION OF CHILD SUPPORT SERVICES
BLUE HEN CORPORATE CENTER
655 S. BAY ROAD
SUITE 2J
DOVER, DE 19901

IF YOUR CASE IS LOCATED IN SUSSEX COUNTY, SEND COPY TO:

DIVISION OF CHILD SUPPORT SERVICES
GEORGETOWN PROFESSIONAL PARK
20105 OFFICE CIRCLE
GEORGETOWN, DE 19947

▶ ▶ ▶ Remember an Original Form Must be Filed With Family Court ◀ ◀ ◀