

The Family Court of the State of Delaware

In and For New Castle Kent Sussex County

NOTICE AND MOTION TO REVOKE CHILD SUPPORT

<i>Movant</i>			<i>Respondent</i>			<i>DCSE #</i>	
Name	D.O.B.		Name	D.O.B.		File Number	
Street Address			Street Address				
Apt. or P.O. Box Number			Apt. or P.O. Box Number			Petition Number(s)	
City	State	Zip Code	City	State	Zip Code	Other State Number	
Attorney Name and Phone Number			Attorney Name and Phone Number			IV-D Status IV-D Non IV-D	

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 _____

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 a copy of this motion was deposited in the U.S. Mail on _____

with sufficient postage and addressed to the Division of Child Support Enforcement (appropriate county address on reverse of form) and/or

at _____

Date

Sworn to subscribed before me:

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 DCSE account statement Response
No Response _____

IT IS SO ORDERED THAT:

Current Support Order is REVOKED effective

Income Attachment is: **Cancelled**

Continued at \$ _____

RESPONDENT DCSE REFUND ANY OVERPAYMENT DCSE

Other: _____

So Ordered this Date: _____

Commissioner

PARTIES may appeal a final order of a Commissioner by filing and serving written objection to such Order within thirty (30) days of the Order, in accord with 10 Del. C. Sec. 915 (d)(2) and Family Court Rule 53.1 (b).

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

FOR DCSE CASES ONLY

FOR ALL CHILD SUPPORT CASES HANDLED THROUGH THE DIVISION OF CHILD SUPPORT ENFORCEMENT (DCSE), A COPY OF THIS NOTICE AND MOTION TO REVOKE CHILD SUPPORT MUST BE SENT TO THE DCSE 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 ENFORCEMENT
84-A CHRISTIANA ROAD
NEW CASTLE, DE 19720**

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

**DIVISION OF CHILD SUPPORT ENFORCEMENT
1114 SOUTH DUPONT HIGHWAY
SUITE 101
DOVER, DE 19901**

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

**DIVISION OF CHILD SUPPORT ENFORCEMENT
9 ACADEMY STREET
GEORGETOWN, DE 19947**

***ALL NON-DCSE CASES CAN BE FILED DIRECTLY WITH THE COURT IN THE
CORRESPONDING JURISDICTION.***