

**IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA
DOMESTIC RELATIONS SECTION**

Plaintiff	*	Docket No: _____
	*	
VS	*	PACSES Case No: _____
	*	
Defendant	*	Other State ID: _____
	*	

REQUEST TO TERMINATE

I, _____, request to terminate/stop the support order in the above captioned case effective _____.

I request the arrears/back support owed to me be canceled. (By checking this box, I understand the arrears/back support will no longer be owed or collected).

I request the arrears/back support owed to me remain payable at the rate of \$_____ per month.

Arrears/back support owed to the Department of Human Services (DHS) and court costs/fees shall be paid at a monthly rate as determined by the Domestic Relations Section.

Please sign and return this request with a copy of your photo identification. If a copy of your photo identification is not provided, this request cannot be granted.

You may not terminate/stop the support order if you are currently receiving cash assistance through the Department of Human Services (DHS).

Plaintiff Signature

Date