## **VOLUNTARY CASE CLOSURE REQUEST** DCSS 0432 (09/13/05)

	CSE Case Number:	
My name is against	. I am the custodial party in the support action . The child(ren) listed below is not currently receiving public assistance	
and no application for public ass The child(ren) in the case is/are		
CHILD SUPPORT SERVICES of support from DEPARTMENT OF CHILD SUF amounts that may be owed to C SERVICES or to the State of Care	PPORT SERVICES will keep this case oper COUNTY OF SAN DIEGO DEPARTMENT ( alifornia.	sh, enforce, or collect COUNTY OF SAN DIEGO n to pursue collection for any
I am making this request becau-	se	
I certify that I am making this re	quest voluntarily, and I am doing so by my	own choice.
I understand that in closing my of Child Support Services to:	case I will no longer receive assistance from	m the Department
<ul><li>Establish or disestablish</li></ul>	paternity.	
Locate the noncustodial parent or any assets of the noncustodial parent.		
<ul> <li>Intercept federal or state</li> </ul>	tax refunds to enforce collection.	
<ul> <li>Revoke the noncustodia collection.</li> </ul>	I parent's passport or any business or opera	ating licenses to enforce
<ul><li>Guide me in enforcing m</li></ul>	ny order or serving documents on the noncu	ustodial parent.
I understand COUNTY OF SAN longer be a party to court proce	I DIEGO DEPARTMENT OF CHILD SUPP edings regarding this order.	ORT SERVICES will no
	this case at any time in the future as long an in this case has emancipated it is possib	
	I Accept	
PRINT NAME	Electronic Signature Agreement By selecting the "I Accept" button, you are signing the Agreement electronically.	DATE

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## **VOLUNTARY CASE CLOSURE REQUEST**

DCSS 0432 (09/13/05)

	CSE Case Number:
My name is against assistance and no application	. I am the custodial party in the support action . The child(ren) listed below is not currently receiving public on for public assistance is pending.
The child(ren) in the case is	;/are:
CHILD SUPPORT SERVIC support from DEPARTMENT OF CHILD	r carefully, I request that COUNTY OF SAN DIEGO DEPARTMENT OF ES close the case and stop all efforts to establish, enforce, or collect . I understand that COUNTY OF SAN DIEGO SUPPORT SERVICES will keep this case open to pursue collection for any to COUNTY OF SAN DIEGO DEPARTMENT OF CHILD SUPPORT of California.
I am making this request be	ecause
I certify that I am making th	is request voluntarily, and I am doing so by my own choice.
I understand that in closing of Child Support Services t	my case I will no longer receive assistance from the Department o:
<ul> <li>Establish or disestal</li> </ul>	olish paternity.
<ul> <li>Locate the noncusto</li> </ul>	dial parent or any assets of the noncustodial parent.
<ul> <li>Intercept federal or s</li> </ul>	state tax refunds to enforce collection.
<ul> <li>Revoke the noncust collection.</li> </ul>	odial parent's passport or any business or operating licenses to enforce
<ul> <li>Guide me in enforci</li> </ul>	ng my order or serving documents on the noncustodial parent.
	SAN DIEGO DEPARTMENT OF CHILD SUPPORT SERVICES will no roceedings regarding this order.
	pen this case at any time in the future as long as current or past due support d(ren) in this case has emancipated it is possible the case may not be
PRINT NAME	SIGNATURE OF CUSTODIAL PARTY DATE

**KEEP THIS COPY FOR YOUR RECORDS**