



CLINT S. DUPEW
Executive Director/Attorney

DENISE MARTIN
Director, Child Support Services

TARRANT COUNTY DRO CHILD SUPPORT OFFICE
APPLICATION FOR CASE CLOSURE
AND TERMINATION OF INCOME WITHHOLDING

I INFORMATION ABOUT YOU - PLEASE PRINT

ACCOUNT _____

Complete the entire form and ensure you are in possession of all requested documents. Without the required information, we will be unable to process your application.

1. Your full legal name: _____
Last First Middle Initial

2. Your home address/telephone number: _____
Street City

State Zip Code E-mail Address Telephone Number

3. Is your child support garnished through income withholding? [] Yes [] No

Your employer's name/telephone number/address: _____
Name Telephone Number/Fax Number

Address City State Zip Code

II. INFORMATION ABOUT THE CHILD SUPPORT OBLIGATION

1. Did you pay child support to the other parent directly instead of through the court registry or SDU? [] YES [] NO

If yes, how much? \$_____ Please provide any proof you may have of direct payments.

If yes, an Affidavit of Direct Payments (ADP) will be sent to the other parent. If the other parent does not return the ADP, you will need to go to court to obtain court credit for direct payments.

III. REQUIRED DOCUMENTATION - PROOF OF GRADUATION (FOR ALL CHILDREN UNDER THE AGE OF 21)

1. Include with your application proof of the child(rens) graduation from high school. Accepted documentation is:

- Copy of diploma, or
- Letter from the high school with graduation date on high school letter head, or
- High school transcript (with graduation date), or
- GED certificate

IV. COMMENTS - Please write any additional comment you may have.

V. SIGNATURE

I declare all information provided in this form is true and correct. I am aware that should there be any falsification or failure to fully disclose information requested my application may be rejected.

(Signature)

(Date)