

IN THE DISTRICT COURT OF SARPY COUNTY NEBRASKA

)	CI ____ - _____
)	
)	
Vs.)	
Plaintiff/Petitioner,)	
)	
)	AFFIDAVIT & MOTION
)	IN SUPPORT OF SUSPENDING
)	CHILD SUPPORT
Defendant/Respondent,)	
)	and
)	
)	ORDER SUSPENDING SUPPORT
Defendant/Respondent/ Intervenor.)	

The undersigned custodial parent _____, Date of birth _____, 19_____, hereby advises the District Court that I desire to have my child support order previously filed in the above captioned case **suspended**, for the reason that the biological father of the minor child(ren) now lives with me and our minor child(ren), in the same residence as an intact family unit, and assists in the payment of household expenses. I do this voluntarily, and of my free will. I understand that court costs of \$65.00 apply to a suspension of support, and I am attaching a check or money order for \$65.00 (payable to the clerk of district court) to this Affidavit.

Our home address is: (street) _____
 (City) _____ (State/Zip Code) _____

Our telephone number is: _____.

- If any child support arrears remain owed to me, I want to: **(checkmark appropriate box)**
- waive/ write off **all** past due child support that is *owed to me* in this case, including interest, and have my child support case closed; or,
 - waive/ write off the following sum of past due principal support owed to me: \$ _____ as of (date) _____ (I understand that interest may be recalculated); or,
 - have the other parent continue to owe me **all** past due child support.

I understand that if there is a debt owed to the State of Nebraska, it remains owed.

So Moved and dated this ____ day of _____, 20____.

Affiant signature_____

(Affidavit must be notarized to be accepted.)

Acknowledgement

State of Nebraska
County of Sarpy

The foregoing instrument was acknowledged before me this ____ day of _____,
20____ by

Notary Public Signature

NOTICE OF NO OBJECTION BY THE STATE OF NEBRASKA

The State of Nebraska, through the Sarpy County Attorney's Child Support Services office, has reviewed the above Affidavit in Support of Suspending Child Support, and has no objection to child support being suspended as requested. Dated this ____ day of _____, 20____.

Deputy Sarpy County Attorney # _____

Instructions for completing Affidavit

Type or print legibly to complete this form, have it notarized by a notary public and deliver it to the **Sarpy County Child Support Services Office, Sarpy County Courthouse, Papillion, NE 68046. Please allow 7-10 working days to have the form submitted to the Court for approval.** You will receive a copy of any court order entered to suspend your child support case. If you have not received a copy of a court order suspending your case within 28 days of submitting this completed form, contact the Clerk of District Court at 402-593-4479 to inquire about the status of your request.

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Defendant/Respondent,)	ORDER
)	SUSPENDING
)	CHILD SUPPORT
)	
Defendant/Respondent/ Intervener.)	

THIS MATTER having been submitted to the District Court for review on the Affidavit of the custodial parent, for an Order suspending the parties’ ongoing child support order, THE COURT hereby treats the affidavit as a Motion to Suspend Child Support, and finds that the motion should be sustained. Child Support previously ordered in this action is suspended forthwith. Arrears owing to the **custodial parent** as of this date are (___ preserved; ___ canceled; ___ reduced by the principal lump sum of \$_____). The Clerk shall adjust her records accordingly.

The Affiant shall pay court costs of \$65 before the support order will be suspended.

Dated this ____ day of _____, 20____.

District Judge