

# VOLUNTARY CASE CLOSURE REQUEST

DCSS 0432 (09/13/05)

CSE Case Number: \_\_\_\_\_

My name is \_\_\_\_\_, I am the custodial party in the support action against \_\_\_\_\_ The child(ren) listed below is not currently receiving public assistance and no application for public assistance is pending.

The child(ren) in the case is/are:

\_\_\_\_\_  
\_\_\_\_\_

After considering this matter carefully, I request that SAN MATEO COUNTY CHILD SUPPORT SERVICES close the case and stop all efforts to establish, enforce, or collect support from \_\_\_\_\_, I understand that SAN MATEO COUNTY CHILD SUPPORT SERVICES will keep this case open to pursue collection for any amounts that may be owed to SAN MATEO COUNTY CHILD SUPPORT SERVICES or to the State of California.

I am making this request because \_\_\_\_\_

I certify that I am making this request voluntarily, and I am doing so by my own choice.

I understand that in closing my case I will no longer receive assistance from the Department of Child Support Services to:

- Establish or disestablish paternity.
- Locate the noncustodial parent or any assets of the noncustodial parent.
- Intercept federal or state tax refunds to enforce collection.
- Revoke the noncustodial parent's passport or any business or operating licenses to enforce collection.
- Guide me in enforcing my order or serving documents on the noncustodial parent.

I understand SAN MATEO COUNTY CHILD SUPPORT SERVICES will no longer be a party to court proceedings regarding this order.

I understand that I may reopen this case at any time in the future as long as current or past due support is owed. However if the child(ren) in this case has emancipated it is possible the case may not be reopened.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARTY

\_\_\_\_\_  
DATE

**PLEASE SIGN THIS FORM AND RETURN IT TO:**  
SAN MATEO COUNTY CHILD SUPPORT SERVICES  
PO BOX 8084  
REDWOOD CITY CA 94063-0984

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\_\_\_\_\_  
DATE

**KEEP THIS COPY FOR YOUR RECORDS**