FACTS FOR YOU ABOUT FILING A *MOTION TO TERMINATE CHILD SUPPORT*

A *Motion to Terminate Child Support* is filed when **any** of the following conditions exist:

- ☐ The child(ren) get **married**:
- ☐ The child(ren) **die**;
- ☐ The child(ren) have reached the **age of majority** and **graduated from high school** or the **class** in which the child is a member when s/he turns 18 years of age has graduated (whichever occurs later);
- ☐ **Last child** for which child support is being paid;
- ☐ Child(ren)'s parents **remarry** (**copy** of ***Marriage License*** **required**);
- ☐ There are **no arrearages** owed; and/or
- ☐ **Court costs** have been **paid**.
  - ✓ If not – payment **must** be made or a payment plan set up by Cost Billing Clerk.

- Two (2) forms **must** be completed in order to start this process – a *Motion to Terminate Child Support* and the *Support Intake Sheet*. Upon receipt of these items and the filing fee, we will promptly file your *Motion*.

- **Please complete both documents – if handwritten, please print legibly – sign, and return them to this office with the $25.00 filing fee (required to process *Motion*).**
- Please include a self-addressed, stamped envelope so that we may advise you of your *Motion* hearing date which will be on a **Friday** at least 2 to 3 weeks from the date we receive your paperwork.
  - **If you need more time to make arrangements to attend the hearing, please provide the Clerk's Office a written or typed note advising of this and the date will be set further out.**

YOU WILL RECEIVE A COPY OF THE MOTION HEARING DATE BY MAIL IN THE SELF-ADDRESSED, STAMPED ENVELOPE YOU PROVIDE TO US.

THE HEARING WILL TAKE PLACE AT THE ADDRESS AND TIME LISTED BELOW:

Historic Courthouse
1 Public Square, 6th Floor
Nashville, TN 37201

TIME: 9:00 a.m.

SUPPORT INTAKE SHEET

_____
Petitioner

vs. Case No._____

_____
Respondent

Information about you (Petitioner):

Name:_____

Date of Birth:_____

Address:_____

_____

Telephone:_____

Employer:_____

Employer Address:_____

Employer Telephone:_____

Information about Respondent:

Name:_____

Date of Birth:_____

Address:_____

_____

Telephone:_____

Employer:_____

Employer Address:_____

Employer Telephone:_____

IN THE _____ CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

_____
Petitioner

vs. Case No._____

_____
Respondent

MOTION TO TERMINATE CHILD SUPPORT

Comes now Petitioner, _____, pursuant to *T.C.A. §34-1-101, et seq.*, and moves this Honorable Court to terminate his/her obligation to pay child support as previously ordered by this Court on _____. _____, the youngest minor child for whom support is paid, has reached the age of majority (*date of birth on* _____) and is no longer a student as of _____ (*graduation date or date education terminated*).

_____
PETITIONER

_____

_____
(Address)

CERTIFICATE OF SERVICE

I hereby certify that on _____, 20____, a copy of the foregoing *Motion* was mailed to Respondent at: _____

_____

_____
Deputy Clerk

I EXPECT THIS *MOTION* TO BE HEARD ON _____, 20_____, IN:

☐ **Third Circuit Court at 9:00 a.m.**

☐ **Fourth Circuit Court at 9:00 a.m.**

Metro Courthouse, 1 Public Square, 6th Floor, Nashville, TN 37201

To request an ADA accommodation, please contact Dart Gore at 880-3309.

RESET FORM PRINT PACKET