

**FAYETTE COUNTY DOMESTIC RELATIONS SECTION
SUSPENSION/TERMINATION AGREEMENT
(ALL SECTIONS MUST BE COMPLETED)**

Plaintiff _____

Address _____

Docket No _____

PACSES No _____

vs.

Defendant _____

Address _____

We agree to suspend our support order effective the date that the Order is processed. Plaintiff agrees to close the case on PACSES, provided there are no arrearages.

I. REASON TO SUSPEND OR TERMINATE SUPPORT ORDER

- | | |
|---|--|
| <input type="checkbox"/> Child/Children are over age 18 and have graduated from High school OR are emancipated. | <input type="checkbox"/> Parties wish to handle the matter outside of court. |
| <input type="checkbox"/> Parties reconciled on _____ (date) | <input type="checkbox"/> Child/children no longer reside with the plaintiff. |
| | <input type="checkbox"/> Other _____ |

Payments received after the suspension/termination agreement has been processed will be returned to the Defendant, provided no monies are owed on any of the Defendant's other cases.

II. WHAT DO YOU WANT TO DO ABOUT THE ARREARS, IF ANY, OWED TO THE PLAINTIFF?

- ☐ Cancel all arrearages owed to the plaintiff (Arrearages will be set to 0)
- ☐ Schedule a court conference to terminate support and enter an arrearages only Order. (A conference will be scheduled and both parties MUST appear)
- ☐ Enter an Order for arrearages only.

III. NOTICE REGARDING ARREARS OWED TO WELFARE:

Welfare arrearages cannot be cancelled or offset due to overpayment to plaintiff, based on a retroactive suspension date. Arrearages owed to welfare will be calculated as of the effective date the plaintiff's welfare case closes and the effective date of the suspension agreement. An Order setting payment on welfare arrearages will be entered and mailed to the parties.

IV. IMPORTANT NOTICE REGARDING UNREIMBURSED MEDICAL EXPENSES:

Plaintiff has ninety (90) days to seek reimbursement of any unpaid medical expenses that occurred prior to the termination Order being entered.

Signatures:

Plaintiff's Signature

Date

Defendant's signature

Date

Plaintiff's Daytime/Work Phone

Defendant's Daytime/Work Phone