

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

Plaintiff _____

Address _____

vs.

Docket No _____

PACSES No _____

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 arrears.

I. REASON TO SUSPEND OR TERMINATE SUPPORT ORDER

Child/Children are over age 18 and have graduated from High school OR are emancipated.
 Parties reconciled on _____ (date)

Parties wish to handle the matter outside of court.
 Child/children no longer reside with the plaintiff.
 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 arrears owed to the plaintiff (Arrears will be set to 0)
 Schedule a court conference to terminate support and enter an arrears only Order. (A conference will be scheduled and both parties MUST appear)
 Enter an Order for arrears only.

III. NOTICE REGARDING ARREARS OWED TO WELFARE:

Welfare arrears cannot be cancelled or offset due to overpayment to plaintiff, based on a retroactive suspension date. Arrears 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 arrears 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