

REQUEST FOR CASE CLOSURE

Print Name:		Case Number:		
Assigned Child Support Specialist:				
Date Received:		Ву:		
	IMPORTANT INFORMATION: Pleas	se read before completing this form.		
1.		pport Services' policy, <u>all</u> actions related to child e and collections will cease upon the effective date ways equal the date this form is signed		
2.	The case closure process will be initiated upon receipt of your Request for Case Closure form. Please allow for a <u>minimum</u> of 60 days to complete the necessary case closure processes by the Cherokee Nation Office of Child Support Services.			
3.		es, your case may not be eligible for complete		
4.	You must be a party to this child support of Attorney are not eligible to a request for	case to request case closure. Persons with Power		

I am requesting the Cherokee Nation Office of Child Support Services to close my child support case for one of the following reasons:

The custodial and non-custodial parties have reconciled. Date of Reconciliation:	
The non-custodial party has custody of the child(ren). Date of non-custodial party received custody:	
The child(ren) has been adopted. Date of Adoption:	
The non-custodial party is deceased.	
Other):	

I affirm the Case Closure Important Information has been reviewed with me and my request is of my own free will and not under duress by threat or coercion. I also understand by signing this form, Cherokee Nation Office of Child Support Services will not collect any past due balances owed to me as of the date of closure; and, all past due balances become a private matter after my case closes.

Signature:		Date:	
	**To Be Completed By Notary Onl day of	-	
Notary Public:		NOTARY SEAL	
Commission Number:			
Commission Expires:			
Page 1 of 3	REQUEST FOR CASE CLOSURE	CN OCSS APPROVED 11.21.2016	

- a. **Print Name:** The name of the person requesting Case Closure is placed here.
- b. **Case Number:** The case number assigned within the current child support computer system is placed here.
- c. **Assigned Child Support Specialist:** The name of the Child Support Specialist to whom the Case Management Unit Program Manager and/or Case Management Supervisor assigned the case is placed here.
- d. **Date Received:** Place the date the document was received into a CN OCSS office.
- e. **By:** The name of the person who received this document is placed here.
- f. **IMPORTANT INFORMATION:** The Assigned Child Support Specialist will review this information with the person requesting Case Closure (CP/NCP).
- NOTE: If the requestor is a Non-Custodial Party, he/she must be informed that 1) the Custodial Party (CP) must be notified; and 2) the CP must be in agreement and/or 3) an Administrative Review may make the final decision for Case Closure but will confer with all adult parties within the case.

The Requestor must indicate the reason for requesting Case Closure by placing a "X" or check mark on the appropriate line; or if "Other", the he/she must explain in the blank line provided.

- g. **The custodial and non-custodial parties have been reconciled:** The requestor will place a check mark in this box if he/she has reconciled with the other CP/NCP.
- h. **Date of reconciliation:** Requestor will place the date/estimated date both parties reconciled.
- i. **The non-custodial party has custody of child(ren):** Requestor will place a check mark in this box if the non-custodial party has resumed custody of the child(ren).
- j. **Date non-custodial party received custody:** Requestor will place the date the non-custodial party resumed custody of the child(ren).
- k. **The child(ren) has been adopted:** The requestor will place a check mark in this box if the child(ren) of the child support obligation has been adopted.
- I. **Date of Adoption:** The date the child(ren) were adopted is placed here.
- m. **The non-custodial party is deceased:** The custodial party will place a check mark in this box if the non-custodial party is deceased.
- n. **Other:** The requestor will place a check mark here if there are any other reasons outside of those named above.

- o. **Blank Line:** The requestor will write an explanation statement to accompany "I" (Other).
- p. **Signature:** Requestor must sign in this blank.
- q. **Date:** The Date the Case Closure form was completed and signed by the Requestor.
- r. **Subscribed**...Notary will put the day, date and year that he/she is notarizing the Request for Case Closure form (e.g, day, month, year).
- s. **Notary Public:** Notary Public will place his/her signature here.
- t. **Commission Number:** Notary will place his/her current, active Commission Number.
- u. **Commission Expires:** Notary will place the date of his/her authorization expires (will match the date on his/her Notary Seal).
- v. **Notary Seal Box:** Notary will place his/her Notary Seal (stamp) in this box. The Seal should be clear and legible.

All information on this form must be legible and be able to remain so when making a photocopy.