

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court Court address: Phone Number:		▲ <b>COURT USE ONLY</b> ▲
<b>In Re:</b> <b>Petitioner:</b> <b>Respondent/Co-Petitioner:</b>		
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty.Reg.#:		Case Number: Division Courtroom
<b>Motion to Terminate Child Support</b>		

The  Petitioner  Respondent/Co-Petitioner (check one) moves this court to terminate the child support obligations on behalf of \_\_\_\_\_, whose date of birth is \_\_\_\_\_ and whose Social Security number is \_\_\_\_\_, (the Child), and as grounds for this motion states:

1.  This court ordered the obligor to pay child support in the amount of \$ \_\_\_\_\_ per month for this child on \_\_\_\_\_ (date).
2.  The Child has attained the age of 19 years.
3.  There are no arrearages as to child support.
4.  No other exceptions apply under C.R.S. §14-10-115(1.5)(a).

THEREFORE, the obligor requests that this court terminate the obligation to pay child support as to this child.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Petitioner OR  Respondent/Co-Petitioner

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip Code

\_\_\_\_\_  
 (Area Code) Telephone Number (home and work)

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) the original and one copy of this document were filed with the court; and, a true and accurate copy of the *MOTION TO TERMINATE CHILD SUPPORT PURSUANT TO C.R.S. §14-10-122* was served on the other party by  Hand Delivery OR  Faxed to this number \_\_\_\_\_ OR  by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(your signature)