



**STATE OF INDIANA  
OFFICE OF THE PROSECUTING ATTORNEY, CASS COUNTY  
29TH JUDICIAL CIRCUIT**

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**CASE CLOSURE REQUEST FORM**

I have read and understand the explanation of the status of my current case as provided to me in writing. I believe the status of my case allows it to be closed, and I understand my decision to close my case will result in no further assistance in child support enforcement.

I hereby affirm that I am requesting that my Title IV-D child support case be closed upon receipt of this notice.

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF NON-CUSTODIAL PARENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_