

**Commonwealth of Virginia
Department of Social Services
DIVISION OF CHILD SUPPORT ENFORCEMENT**

REQUEST FOR CASE CLOSURE

DCSE CASE NBR: _____

NAME OF CUSTODIAL PARENT: _____

NAME OF NON-CUSTODIAL PARENT: _____

ADDRESS: _____

TELEPHONE NBR: _____

This form must be completed (**ONLY** by the **person who applied** for Child Support Services) and returned to the district office that **manages the case**. Once this request is received, the district office will take the necessary actions to close your case. This process **may take up to 45 days to complete**.

I, _____, request the DCSE case referenced above be closed.
(Print Name)

Reason for closure (please check the appropriate box):

- The custodial and non-custodial parents have reconciled.
- The non-custodial parent has custody of this/these child(ren).
- The child(ren) has/have been adopted.
- Parental rights have been terminated.
- The non-custodial parent is deceased and there are no assets.
- Other _____

Closing your case with DCSE will not necessarily terminate your child support order or any arrears that have accrued under that order.

You may request copies of the following documents from your case file. Please check all forms you wish to receive.

- Acknowledgement of Paternity
- Court or Administrative Orders for Support
- Payment and past due support records including any debt owed to the state
- Income withholding or health insurance orders.

Signature

Date