



REQUEST FOR CASE CLOSURE

Date: _____ Division Case Number: _____

Name (print first and last name): _____

Address: _____ City: _____ State/Zip: _____

Phone Number: _____

Only the person who applied for Child Support Services may complete this form.

I, _____ (print first and last name), request the child support case referenced above be closed.

Reason for closure (please check the appropriate box):

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

I understand that requesting case closure does not terminate my existing child support order and does not eliminate any arrears that have accrued under my order.

I understand that if I have received a payment in error, the Division may not be able to close my case until the total amount that I received in error is paid in full.

I understand that I will be notified if the current support order is terminated based upon a change of circumstances in my case.

Signature: _____

Date: _____

To obtain additional case and/or payment information, visit our customer service portal at <https://mychildsupport.dss.virginia.gov/>.