

PPS REQUEST FOR CASE CLOSURE

DCSS 0512 (11/14/2021)

CSE Case Number: [CSE_CASE_NUMBER]

My name is [NCP_PRIMARY_NAME]. I am the parent ordered to pay support in the child support action currently being handled by [OFFICE_COUNTY] involving [CP_PRIMARY_NAME] and the child(ren) listed below:

The child(ren) in this case is/are:

[DEP_PRIMARY_NAME_1]	[DOB_1]	[DEP_PRIMARY_NAME_5]	[DOB_5]
[DEP_PRIMARY_NAME_2]	[DOB_2]	[DEP_PRIMARY_NAME_6]	[DOB_6]
[DEP_PRIMARY_NAME_3]	[DOB_3]	[DEP_PRIMARY_NAME_7]	[DOB_7]
[DEP_PRIMARY_NAME_4]	[DOB_4]	[DEP_PRIMARY_NAME_8]	[DOB_8]

After considering this matter carefully, I request that [OFFICE_COUNTY] close this case. I understand that [OFFICE_COUNTY] will keep this case open to pursue collection for any amounts that may be owed to [OFFICE_COUNTY] or to the State of California.

I am making this request because _____

I certify that I am making this request voluntarily, and I am doing so by my own choice. I understand that in closing my case I will no longer receive assistance from the Department of Child Support Services to:

- Establish or disestablish parentage.
- Document that my payments to [CP_PRIMARY_NAME] were received.
- Maintain an accounting of my payment history.

I understand that I may reopen this case at any time in the future as long as current or past due support is owed. However if the child(ren) in this case has emancipated it is possible the case may not be reopened.

PRINTED NAME

SIGNATURE OF PPS

DATE

PLEASE SIGN THIS FORM AND RETURN IT TO:
[OFFICE_NAME]
[OFFICE_MAIL_ADDRESS]

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PPS REQUEST FOR CASE CLOSURE

DCSS 0512 (11/14/2021)

CSE Case Number: [CSE_CASE_NUMBER]

My name is [NCP_PRIMARY_NAME]. I am the parent ordered to pay support in the child support action currently being handled by [OFFICE COUNTY] involving [CP_PRIMARY_NAME] and the child(ren) listed below:

The child(ren) in this case is/are:

[DEP_PRIMARY_NAME_1]	[DOB_1]	[DEP_PRIMARY_NAME_5]	[DOB_5]
[DEP_PRIMARY_NAME_2]	[DOB_2]	[DEP_PRIMARY_NAME_6]	[DOB_6]
[DEP_PRIMARY_NAME_3]	[DOB_3]	[DEP_PRIMARY_NAME_7]	[DOB_7]
[DEP_PRIMARY_NAME_4]	[DOB_4]	[DEP_PRIMARY_NAME_8]	[DOB_8]

After considering this matter carefully, I request that [OFFICE COUNTY] close this case. I understand that [OFFICE COUNTY] will keep this case open to pursue collection for any amounts that may be owed to [OFFICE COUNTY] or to the State of California.

I am making this request because _____

I certify that I am making this request voluntarily, and I am doing so by my own choice. I understand that in closing my case I will no longer receive assistance from the Department of Child Support Services to:

- Establish or disestablish parentage.
- Document that my payments to [CP_PRIMARY_NAME] were received.
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PRINTED NAME

SIGNATURE OF PPS

DATE

KEEP THIS COPY FOR YOUR RECORDS
