

Date:

Department for Children and Families
1901 Delaware Street
Lawrence, KS 66046

Kansas Child Support Services
YoungWilliams, Contractor
120 SE 6th Street, Suite 106
Topeka, KS 66603

VIA FAX: (785) 832-3771

VIA FAX: (785) 233-1560

Court Case No. DG
Name:
SSN: XXX-XX-

Dear Department for Children and Families and Private Contractor:

Effectively immediately, I request closure of my child support enforcement case with the Department for Children and Families, Kansas Child Support Services. Please prepare a notice of termination of assignment as soon as possible.

I wish to waive any arrears owed to me.

I do not wish to waive arrears owed to me.

I DO NOT receive the following services:

Cash assistance
Child care assistance
Medical assistance
Food assistance
Foster care services

I DO receive the following services:

Cash assistance
Child care assistance
Medical assistance
Food assistance
Foster Care Services

Thank you for your assistance in this matter.

Print your name

Sign this form in front of a Notary.

Your signature

STATE OF KANSAS)
) ss:
COUNTY OF DOUGLAS)

Subscribed and sworn before me this _____ day of _____, 20__.

Notary Public
My Appointment Expires: