

<input type="checkbox"/> District Court _____ County, Colorado Court Address: _____		▲ COURT USE ONLY ▲
In Re: Petitioner: Respondent/Co-Petitioner:		
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____		Case Number: _____ Division _____ Courtroom _____
MOTION TO TERMINATE CHILD SUPPORT		

The Petitioner Respondent/Co-Petitioner (check one) moves this court to terminate the child support obligations on behalf of _____, whose date of birth is _____ and whose Social Security number is _____ (the Child), and as grounds for this motion states:

1. This court ordered the obligor to pay child support in the amount of \$ _____ per month for this child on (date) _____.
2. The Child has attained the age of 19 years.
3. There are no arrearages as to child support.
4. No other exceptions apply under C.R.S. §14-10-115(1.5)(a).

THEREFORE, the obligor requests that this court terminate the obligation to pay child support as to this child.

Date: _____

 Petitioner OR Respondent/Co-Petitioner

 Address

 City, State, Zip Code

 (Area Code) Telephone Number (home and work)

CERTIFICATE OF SERVICE

I certify that on _____ (date) the original and one copy of this document were filed with the court; and, a true and accurate copy of the *MOTION TO TERMINATE CHILD SUPPORT PURSUANT TO C.R.S. §14-10-122* was served on the other party by Hand Delivery OR Faxed to this number _____ OR by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: _____

(Your signature)