

**OFFICE OF THE PROSECUTING ATTORNEY
CHILD SUPPORT ENFORCEMENT
MORGAN COUNTY
MARTINSVILLE, INDIANA**

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS AS YOUR NOTICE OF THESE FACTS

The Title IV-D Child Support Program has received a request from you to close the above referenced IV-D case. Please review carefully the information below. If you meet the criteria to close your case, understand the ramifications of case closure and still wish to close your case, please sign and date the attached form and return it to the address provided.

YOUR CASE CANNOT BE CLOSED IF YOU ARE CURRENTLY RECEIVING ASSISTANCE AS A TANF RECIPIENT.

IF YOU ARE NOT CURRENTLY RECEIVING ASSISTANCE AND WISH TO HAVE YOUR CASE CLOSED:

- You will not be entitled to receive any support enforcement services from the prosecutor's child support office. These include paternity establishment, parent locator, establishment and enforcement of support orders, income withholding orders, and tax refund offsets.
- If your case was previously a public assistance case (AFDC/TANF), the state will process support payments and tax offsets in accordance with the applicable federal and state IV-D law governing the distribution of collections.
- To assure timely delivery of support payments to which you are entitled, you must notify the Clerk of the Circuit Court of any change in your address.
- If you become a TANF recipient in the future, you will again be referred to the IV-D program, and your participation and cooperation will be required.

If your case is eligible for closure and, after reading the above information, you wish to have it closed, please return the attached Case Closure Request form to your local Prosecutor's Office.

YOUR CASE WILL REMAIN OPEN UNTIL THIS SIGNED FORM IS RETURNED TO:

54 E JACKSON ST
MARTINSVILLE, IN 46151

CASE CLOSURE REQUEST

I hereby affirm that I have read and understand the conditions of case closure provided to me in writing. I understand that closing my case with the Title IV-D Office does not affect or terminate any court-ordered child support obligation that may exist. I believe my case to be in a status that allows it to be closed at my request, and I understand the ramifications of my decision.

I am therefore requesting that my Title IV-D child support case be closed upon receipt of this notice.

PRINTED NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

ISETS CASE NUMBER: _____ NCP Name: _____

SIGNATURE: _____

DATE SIGNED: _____

