

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, ALABAMA  
 (Circuit or District) (Name of County)

v.

Plaintiff	Defendant
Home or Business Address: _____	Home or Business Address: _____
City/State/Zip Code: _____	City/State/Zip Code: _____
Home or Business Telephone #: _____	Home or Business Telephone #: _____
Social Security Number: _____	Social Security Number: _____

The affiant, \_\_\_\_\_, being duly sworn, states as follows:

- (1) That an order for withholding for support was issued by the \_\_\_\_\_ Court of \_\_\_\_\_ County, Alabama, on \_\_\_\_\_ (date), a copy of which is attached (Affiant may obtain a copy of the order from the Clerk of Court);
- (2) That the affiant is the obligor for payment of support as provided in the Order for Withholding for support;
- (3) That all the children subject to the order for withholding for support have or will reach the age of majority as of \_\_\_\_\_ (date) or are no longer subject to withholding because of death, marriage, or otherwise becoming emancipated, as follows: *(Attach copies of the children's birth certificates, if available)* \_\_\_\_\_;
- (4) That no arrearage is owed on the support order.
- (5) Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I make this statement for the purpose of requesting that the withholding order for support applicable to me be terminated based on foregoing reasons pursuant to § 30-3-62(i), **Code of Alabama** 1975. I understand that if any of the above statements are untrue, I am subject to be punished under penalties of perjury or the contempt power of the Court.

Sworn to and subscribed before me  
 this \_\_\_\_\_ day of \_\_\_\_\_  
 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Affiant(Obligor)*

Signature of Officer Authorized to Administer Oaths/Notary Public  
 (Notary Public Only: My Commission expires \_\_\_\_\_(Date)).

**NOTICE TO CLERK OF COURT**

This affidavit is to be served by first class mail upon the obligee and, when the case is a Title IV-D case, upon the Department of Human Resources.

**NOTICE TO OBLIGEE OR DHR**

The obligee, or in cases under Title IV-D of the Social Security Act, Department of Human Resources, may object to the termination of the withholding order for support. They must request a hearing within 20 days of being served with a copy of this Affidavit.