

Judge or Division:	Case Number:	7
	MACSS Case ID:	
Petitioner:	Petitioner's Address:	
SSN (last four digits):		
vs.		4
Respondent:	Respondent's Address:	
SSN (last four digits):		(Date File Stamp)
Acknowledgmen	t Agreeing to Termination of Child	Support
	ng support and you <u>agree</u> to termination of the this Acknowledgment with the Court. (See Cert	
Upon your filing of this Acknowledgme	ent a judgment terminating the obligation to pa	y support for the child will be

Upon your filing of this Acknowledgment, a judgment terminating the obligation to pay support for the child will be entered. Your failure to file this Acknowledgment within 30 days of your receipt of the Affidavit may result in entry by default of a judgment terminating the obligation to pay support for the child.

I,	, am receiving support for	(name)	
(hereinafter referred to as the child), whose age is		I acknowledge that the child is no longer	
entitled to support and, therefore, agree to termination of the obligation of _		of(name	
to pay support for the			
The facts in this A	cknowledgment are true to my best knowledge and	belief and are made under penalty of perjury.	
Signati	ure of Person Receiving Support	Date	
organice	are of 1 cison reconving support	Date	
		A STATE OF THE STA	
Certificate of Person Receiving Support			
I certify that or	1 (date), I filed the original of this	date), I filed the original of this Acknowledgment with the Circuit Clerk of	
(County/City of St. Louis), Missouri, at		(address	
and mailed a copy of this Acknowledgment to (name		(name), the person paying support, at	
	(address),	(city), (state).	
Signature of Person Receiving Support			