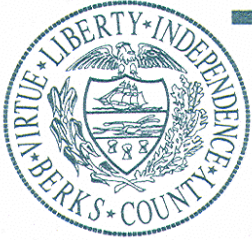


# Court of Common Pleas of Berks County



Twenty Third Judicial District of Pennsylvania  
Domestic Relations Section  
633 Court Street, 6<sup>th</sup> Floor, Reading, PA 19601-4316  
(610) 478-2900 Fax: (610) 478-6585 or 610-478-6583

Tracy Brown, *Director*  
Laura Schlegel, *Deputy Director*

## Termination of Support Order Form

\_\_\_\_\_  
Plaintiff's Name vs. \_\_\_\_\_  
Defendant's Name PACSES Case ID: \_\_\_\_\_

1. Effective Date of Termination: \_\_\_\_\_

2. Reason for Termination:

3. Arrears Provision (CHOOSE AND COMPLETE # 1 OR # 2 BELOW):

1.  Checkmark if any arrears owed to the plaintiff are to be paid.

Monthly Arrears Payment: \$\_\_\_\_\_ (If no amount is written, it will be determined by DRS.)

2.  Checkmark if any arrears owed to the plaintiff are to be canceled.\*

\*If cancelling arrears, they will be canceled the date DRS prepares a court order and updates the terms of this agreement. Canceled arrears cannot be reinstated.

### IMPORTANT INFORMATION:

If a credit balance occurs based upon the terms of this agreed upon termination, the credit balance is to stand. It will be the parties' responsibility to contact DRS to resolve the credit balance if one exists. If any arrears are owed to the Department of Human Services, an arrears payment will be determined if one is not included on this form. Any remaining court costs are to be paid at a monthly rate to be determined by the DRS.

Plaintiff's typed signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plaintiff's Attorney typed signature: \_\_\_\_\_ Date: \_\_\_\_\_

Defendant's typed signature: \_\_\_\_\_ Date: \_\_\_\_\_

Defendant's Attorney typed signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### THIS SECTION TO BE COMPLETED BY DRS STAFF ONLY.

Plaintiff's Verbal Consent: \_\_\_\_\_

Plaintiff's Attorney Verbal Consent: \_\_\_\_\_

Defendant's Verbal Consent: \_\_\_\_\_

Defendant's Attorney Verbal Consent: \_\_\_\_\_

DRS Employee Initials: \_\_\_\_\_

Date: \_\_\_\_\_