

COUNTY OF SAN DIEGO  
DEPARTMENT OF CHILD SUPPORT SERVICES  
PO BOX 122031  
SAN DIEGO CA 92112-2031



CSE Case Number:

Custodial Party:

Noncustodial Parent:

Court Case Number:

Dear

You have requested our office to close the support case against \_\_\_\_\_.  
If you still want to close the case, please complete, sign, and date the enclosed Voluntary Case Closure Request (DCSS 0432) form and return it to:

COUNTY OF SAN DIEGO  
DEPARTMENT OF CHILD SUPPORT SERVICES  
PO BOX 122031  
SAN DIEGO CA 92112-2031

You may reopen the case at any time in the future as long as support is owed.

Please contact us at 866-901-3212 with the above case number if you have any questions.

Sincerely,

Child Support Representative

Enclosure

**VOLUNTARY CASE CLOSURE REQUEST**

DCSS 0432 (09/13/05)

CSE Case Number: \_\_\_\_\_

My name is \_\_\_\_\_. I am the custodial party in the support action against \_\_\_\_\_. The child(ren) listed below is not currently receiving public assistance and no application for public assistance is pending.

The child(ren) in the case is/are:

After considering this matter carefully, I request that COUNTY OF SAN DIEGO DEPARTMENT OF CHILD SUPPORT SERVICES close the case and stop all efforts to establish, enforce, or collect support from \_\_\_\_\_. I understand that COUNTY OF SAN DIEGO DEPARTMENT OF CHILD SUPPORT SERVICES will keep this case open to pursue collection for any amounts that may be owed to COUNTY OF SAN DIEGO DEPARTMENT OF CHILD SUPPORT SERVICES or to the State of California.

I am making this request because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am making this request voluntarily, and I am doing so by my own choice.

I understand that in closing my case I will no longer receive assistance from the Department of Child Support Services to:

- Establish or disestablish paternity.
- Locate the noncustodial parent or any assets of the noncustodial parent.
- Intercept federal or state tax refunds to enforce collection.
- Revoke the noncustodial parent's passport or any business or operating licenses to enforce collection.
- Guide me in enforcing my order or serving documents on the noncustodial parent.

I understand COUNTY OF SAN DIEGO DEPARTMENT OF CHILD SUPPORT SERVICES will no longer be a party to court proceedings regarding this order.

I understand that I may reopen this case at any time in the future as long as current or past due support is owed. However if the child(ren) in this case has emancipated it is possible the case may not be reopened.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARTY

\_\_\_\_\_  
DATE

**PLEASE SIGN THIS FORM AND RETURN IT TO:**  
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PO BOX 122031  
SAN DIEGO CA 92112-2031

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\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF CUSTODIAL PARTY

\_\_\_\_\_  
DATE

**KEEP THIS COPY FOR YOUR RECORDS**