

Request to Suspend Support due to Social Security Benefits(SSD)/Supplemental Security Income (SSI)

Date of Request: _____

File #: _____

Parties:

vs.

Name

Name

Address

Address

City / State/ Zip

City / State / Zip

SSI

_____ began receiving Supplemental Security Income on _____.
Name Date

List any other income (i.e. pension): _____

SSD

Minor child(ren) began receiving Social Security Benefits on _____ as a result of
a claim filed by _____
date Name / Relationship

List child(ren) eligible for benefits from payer's Social Security Claim:

Name of Child(ren):

Date of Birth

Signature

Phone Number

ABOVE INFORMATION MUST BE COMPLETE AND PROOF OF SOCIAL SECURITY BENEFITS AND AMOUNT FOR EACH CHILD LISTED ABOVE MUST ACCOMPANY THIS REQUEST BEFORE YOUR REQUEST WILL BE PROCESSED

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Your request will be reviewed and a proposed order will be mailed to all parties. Parties will have 21 days to file an objection. If no objection is received the order will be entered with the Court.

If an objection is received a hearing will be scheduled before a Family Court Referee.