



Eastern Shoshone Child Support Program

PO Box 1573

Fort Washakie, WY 82514

Office Phone Number: 307-335-8371

Fax Number: 307-332-3089

VOLUNTARY CASE CLOSURE REQUEST

Your case will not be closed if you are receiving TANF (Temporary Assistance to Needy Families) or if there are State owed arrears on your case.

Date: _____

Case Number with the Eastern Shoshone Tribe Child Support Program: _____

Client Name: _____

Client SSN: _____

Non-Custodial Parent: _____

I, _____, am the custodian in the support action against
_____. The child(ren) below are **NOT** receiving public assistance, TANF
and no application for public assistance/TANF is pending. The child(ren) in this case are:

CHILD NAME	DOB

After considering this matter carefully, I request that ESCSP close this matter and stop all effects to establish, enforce, or collect support from _____. I understand that ESCSP will keep this case open to pursue collection for any amounts that may be owed to _____ (Child Support Agency) or to the State of _____.

(Please state reason for requesting closure)

I certify that I am making this request voluntarily, and that I do so by my own choice. I understand that by closing my case I will no longer receive assistance from the ESCSP to:

- Establish or disestablish paternity
- Locate the non-custodial parent or any assets of the non-custodial parent
- Pursue the collections of child support
- Assist me in enforcing my order or serving documents on the non-custodial parent

I understand ESCSP 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 support due is owed.

I understand that this is only a request and the Eastern Child Support Program Director will be the final decision in this matter.

Should you have questions or need additional information, please feel free to contact the Eastern Shoshone Tribe Child Support Program listed above:

Client Print Name

Client Signature

Date

Dated this _____ day of _____, _____

Notary/Court Clerk

Official Position: _____
My Commission expires: _____