

APPLICATION TO WITHDRAW FROM FSOS

TO : THE DIRECTOR OF SUPPORT ENFORCEMENT

I, the undersigned, hereby apply to withdraw from enforcement by the Director of Support Enforcement, effective on the ____ day of _____, 20 ____.

- All support orders on _____
(FSOS Case Number)

OR

- The support order(s) dated _____

Signature of the person applying to withdraw

(Please print name)

Dated this ____ day of _____, 20 ____.