

**MARION COUNTY CHILD SUPPORT ENFORCEMENT AGENCY  
EMANCIPATION AFFIDAVIT**

\_\_\_\_\_  
Who is ordered to pay support

\_\_\_\_\_  
Who is ordered to receive support

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Social Security #

**I, \_\_\_\_\_, am requesting that the support obligation terminate.**

**Emancipation of a child occurs when the child turns 18 years of age and is not attending an accredited high school; turns 18 years of age and has graduated from an accredited high school; or turns 19 years of age and is still attending an accredited high school, whichever occurs last or unless otherwise stated in a court order.**

\_\_\_\_\_  
Name of Child Emancipating

\_\_\_\_\_  
Name and location of high school attended

\_\_\_\_\_  
Date of child's 18<sup>th</sup> birthday

\_\_\_\_\_  
Date of graduation or date child quit school

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Person Submitting Form