

**REQUEST TO SUSPEND SUPPORT DUE TO  
CHILD OUT OF CUSTODIAL HOME**

PCC

**NOTE: YOU MUST COMPLETE ALL SECTIONS OF THE FORM IN ORDER FOR YOUR REQUEST TO BE CONSIDERED. THIS DOES NOT CHANGE CUSTODY. YOU MUST FILE A MOTION REGARDING CUSTODY IN ORDER TO REQUEST THE LEGAL CHANGE OF THE CUSTODY OF THE CHILD.**

Date of Request: \_\_\_\_\_

Your name and address: \_\_\_\_\_

Name

Address

City/State/Zip

e-mail address

Other party: \_\_\_\_\_

Name

Address

City/State/Zip

e-mail address

Name of Children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What day did the children move in with you? \_\_\_\_\_  
Month Day Year

Why have the children moved in with you?

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

**YOU MAY BE ASKED TO PROVIDE ADDITIONAL INFORMATION IN ORDER FOR THE FRIEND OF THE COURT TO VERIFY THAT THE CHILDREN ARE LIVING FULL-TIME IN YOUR HOME.**

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature

**THE CHILDREN MUST BE OUT OF THE CUSTODIAL HOME A MINIMUM OF 30 DAYS BEFORE YOUR REQUEST WILL BE REVIEWED. IF APPROVED, YOUR SUPPORT OBLIGATION WILL BE HELD IN ABEYANCE EFFECTIVE THE DATE THE FRIEND OF THE COURT SENDS A RECOMMENDED ORDER TO THE PARTIES.**