



# Court of Common Pleas of Berks County

Twenty Third Judicial District of Pennsylvania  
Domestic Relations Section  
633 Court Street, 6<sup>th</sup> Floor, Reading, PA 19601-4316  
(610) 478-2900 Fax: (610) 478-6585 or 610-478-6583

Linda F. Epes, Esq., *Director*  
Tracy A. Brown, *Deputy Director*

## Termination of Support Order Form

\_\_\_\_\_ vs. \_\_\_\_\_ Case # \_\_\_\_\_

All fields must be completed in order to submit a private agreement to Domestic Relations

Effective Date of Termination: \_\_\_\_\_

Reason for Termination: \_\_\_\_\_

Cancel arrears owed to plaintiff: Yes \_\_\_\_\_ or No \_\_\_\_\_

If arrears are to be collected please enter an amount that you want them collected at on the next line. This line must be completed in order for this form to be accepted.

\*Arrears to be paid at the **monthly** rate of: \$ \_\_\_\_\_

Court costs to be paid at the **monthly** rate of: \$ \_\_\_\_\_ (if no amount is written, it will be determined by DRO)

NOTE: If any arrears owed are payable to the Department of Public Welfare an arrears payment will be assessed if one is not included on this form.

Plaintiff's name \_\_\_\_\_

Plaintiff's signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Plaintiff's Attorney signature \_\_\_\_\_ Date \_\_\_\_\_

Defendant's name \_\_\_\_\_

Defendant's signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Defendant's Attorney signature \_\_\_\_\_ Date \_\_\_\_\_

\*If arrears are unable to be collected/enforced due to the defendant's prolonged incarceration/disability, the arrears shall be remitted until such time defendant has a present ability to pay same.

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