

STATE OF ALASKA

TONY KNOWLES, GOVERNOR

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION

Please Reply To:

CSED, MAILSTOP
550 W. 7th Ave., Suite 310
Anchorage, AK 99501-6699
907-269-6900
800-478-3300 Toll Free in Alaska
907-269-6813 FAX

COURT CASE NO. _____ COURT WHERE DIVORCED _____
City/State

COMPLETE, SIGN AND DATE THE FOLLOWING SECTION AND RETURN COMPLETE FORM

Mail Stop _____
Case No. _____

WITHDRAWAL FROM SERVICES

I the undersigned, DO NOT want any support services from the Child Support Enforcement Division. Please remove my case from your records and advise the appropriate Superior Court. The children are NOT recipients of public assistance. I understand that I may reopen my case by applying for services at some future date.

I hereby revoke the power of attorney implemented at the time I signed the application for services.

Names and birth dates of the child(ren) in my custody for whom I request withdrawal of services are:

_____ DOB _____ _____ DOB _____
_____ DOB _____ _____ DOB _____
_____ DOB _____ _____ DOB _____

Request made this _____ day of _____, 20_____.

X _____
Signature

Mailing Address

