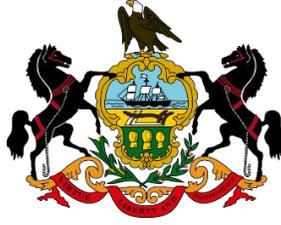


COURT OF COMMON PLEAS OF LANCASTER COUNTY

Gary W. Kline
Director



TELEPHONE NUMBER
717-299-8141

FAX NUMBERS
717-295-3513
717-293-7270
Conference Officers

717-390-7778
Administration

OFFICE OF DOMESTIC RELATIONS

150 North Queen Street, Suite 220
PO Box 83479
Lancaster, PA 17608-3479
DROGen@co.lancaster.pa.us

Request for Case Closure

Plaintiff Name: _____

Defendant Name: _____

PACSES Case Number: _____

Docket Number: _____

I, _____, wish to close my case against _____ as of _____. I understand that if I am currently receiving cash assistance, I do not have the right to close the case.

I **desire to** collect any arrearages owed to me;

I **do not desire** to collect any arrearages owed to me. Therefore, any arrears owed to me at the current time shall be dismissed and will not be collected at a future date.

I understand that if there are arrears owed to the Department of Human Services or in costs and fees I cannot forgive these arrears.

By signing this form below I am verifying that this request is true and correct.

Plaintiff Signature

Plaintiff Printed Name

Date