

ALLEGHENY COUNTY COURT OF COMMON PLEAS, FAMILY DIVISION
SUSPENSION/TERMINATION AGREEMENT
(ALL SECTIONS MUST BE COMPLETED)

Plaintiff _____
Address _____

_____ vs. _____

Docket No. _____

Defendant _____
Address _____

PACSES ID _____

We agree to suspend our support order effective the date that the Order is processed (THIS FORM CANNOT BE USED TO SUSPEND AN ORDER AT A FUTURE DATE). Plaintiff agrees to close the case on PACSES, provided there are no arrears.

I. REASON TO SUSPEND OR TERMINATE SUPPORT ORDER (YOU MUST CHECK ONE):

- Child/children are over age 18 and have graduated from high school OR are emancipated. Parties wish to handle the matter outside of court
 Parties reconciled on _____ (date) Child/children no longer reside with the plaintiff.
 Other _____

Payments received after the suspension/termination agreement has been processed will be returned to Defendant, provided no monies are owed on any of Defendant's cross-referenced cases.

II. WHAT DO YOU WANT TO DO ABOUT THE ARREARS, IF ANY, OWED TO PLAINTIFF?

(IF YOU DO NOT SELECT ONE, THE COURT WILL ASSUME YOU CHECKED THE THIRD CHOICE):

- Cancel all arrears owed to plaintiff. (Arrears will be set at zero).*
- Schedule a court hearing now to terminate support and enter an arrears only order. (A hearing will be scheduled and both parties MUST appear.)
- Enter an order for arrears only. Arrears owed are to be set by PACSES and Defendant will be ordered to pay a monthly amount equal to the total amount (monthly obligation plus amount payable toward arrears) ordered to be paid in the current support order.*

***Any currently scheduled hearing is cancelled, unless it is a contempt hearing to address non-payment of welfare arrears.**

III. NOTICE REGARDING ARREARS OWED TO WELFARE:

Welfare arrears cannot be canceled or offset due to an overpayment to plaintiff, based on a retroactive suspension date. Arrears owed to welfare will be calculated as of the effective date of the suspension agreement. An order setting payment on welfare arrears will be entered and mailed to the parties.

IV. NOTICE REGARDING AN OVERPAYMENT, IF ANY, PAID TO PLAINTIFF:

If at the time the support obligation terminates, plaintiff received more than the amount of support due, parties understand that the overpayment will be removed from the computer system and preserved on NOTE, and the case account balance will be adjusted to \$0. Pursuant to PA Rule of Civil Procedure 1910.19(g)(2), within one year of the termination of the charging order, Defendant may petition for recovery of any overpayment by appearing in person at any Allegheny County Family Division office to file a Petition for Recovery of an Overpayment.

V. IMPORTANT NOTICE REGARDING UNREIMBURSED MEDICAL EXPENSES:

Plaintiff has ninety (90) days to seek reimbursement of any unpaid medical expenses, once the termination order is entered.

VI. SIGNATURES (If either party is represented by counsel, and counsel does not also execute this Agreement, that party waives counsel for purposes of entering into this Agreement):

Plaintiff's Signature _____ Date Signed _____ Defendant's Signature _____ Date Signed _____

Plaintiff's Daytime/Work Phone: _____ Defendant's Daytime/Work Phone _____

Attorney for Plaintiff _____ Date Signed _____ Attorney for Defendant _____ Date Signed _____