



**NOTICE TO VOID  
IV-D CASE STATUS**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
IV-D # \_\_\_\_\_

\_\_\_\_\_

PETITIONER

VS

\_\_\_\_\_

RESPONDENT

Pursuant to Title IV-D of the Social Security Act (42 U.S.C. secs. 651-669), the undersigned authorized representative of the Commonwealth of Kentucky, Cabinet for Health and Family Services (CHFS), hereby certifies and gives notice that

- (1) Effective upon the filing of this document the IV-D status will end for the above-styled case;
  
- (2) CHFS will no longer have financial responsibility for the administrative efforts of the Court Clerk as it pertains to the above-styled action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Instruction to CHFS/Child Support Contracting Official: File this form once at the conclusion of IV-D case to indicate to the Court that the case is no longer IV-D eligible.**