

## NOTIFICATION OF TERMINATION

To: Child Support Division

Mail or fax this Notification of Termination to the Child Support (IV-D) office that issued the income withholding (IW) order or the National Medical Support Notice. Contact information can be found at <http://www.nd.gov/dhs/services/childsupport/contact/> or [www.childsupportnd.com](http://www.childsupportnd.com), "Contact CSE."

Employer reporting termination: \_\_\_\_\_

Employee's name and remittance identifier (found on income withholding order):  
\_\_\_\_\_

Date of separation from employment: \_\_\_\_\_

Has the last IW payment been sent: Yes \_\_\_\_\_ No \_\_\_\_\_

- Final payment amount: \_\_\_\_\_
- Final payment date: \_\_\_\_\_

Employee's last known home address: \_\_\_\_\_  
\_\_\_\_\_

Employee's last known telephone number: \_\_\_\_\_

New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date: \_\_\_\_\_