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Date:

TO: FSD.IntakeCenter@dss.mo.gov

RE: Child(ren) _____ DCN: _____
_____ DCN: _____
_____ DCN: _____
_____ DCN: _____
_____ DCN: _____
_____ DCN: _____

The Children's Division withdraws its request for child support services from the Family Support Division on behalf of the above named child(ren) because good cause exists in that (check one or both that apply):

The burden of paying this support hinders the current goal in this case.

Other (please explain):

This action is regarding the following parent(s):

Parent 1: _____ DCN _____

Parent 2: _____ DCN _____

Children Service Worker

Children Service Supervisor

Circuit Manager (or designee)

AUXILIARY AIDS AND SERVICES ARE AVAILABLE UPON REQUEST TO INDIVIDUALS WITH DISABILITIES
TDD / TTY: 800-735-2966
RELAY MISSOURI: 711