CHANGE IN PERSONAL INFORMATION

Please type or print information. Complete only those sections that apply. You can only file changes for yourself or those minor children of whom you have physical custody.

Name of party filing the change (type or print)	Signature of party filing the change	Date of Filing

Docket Number (If known)	Social Security Number

1. New Address and/or Telephone Number ☐ for party only

☐ for minor child _____ no longer living with custodial parent ☐ for party and minor child(ren)
Name

Street Address			Home Phone Number
City	State	Zip Code	Cell Phone Number

I understand that by filing this change of address, it will be used to automatically update address information on any other child support cases I have in Michigan. This change is effective for (check all that apply):

☐ all addresses you have listed for me
☐ residence address only (where I live)
☐ mailing address only (where I receive mail)
☐ legal address only (where I want legal notices to be sent)
☐ an address that is confidential by court order and which remains confidential with this change. You must provide an alternate address in #2 below.

2. Alternate Address The court has entered an order making my address confidential under Michigan Court Rule 3.203(F). The following is an alternate address for the Court, the Friend of the Court Office, and the other party to use in serving me with notice and other court papers. I will retrieve all my mail regarding this case from this alternate address.

Street address	City	State	Zip Code

3. Name Change (attach order changing name or certificate of marriage)

Previous Name	New Name

4. New Employer ☐ employer information is confidential by court order

Employer Name	Street address		
City	State	Zip Code	Area Code and Telephone Number

5. New Driver License

Issuing State	License Number	Expiration Date

6. New Occupational License

Issuing State	Type of Occupation	License Number	Expiration Date

7. New Social Security Number ☐ for you ☐ for minor child _____
Name

Social Security Number

8. Health care Insurance Provider (Attach a copy of the front and back of your insurance card(s).)

Name	Type	Contract Number

9. Other Information (You can report information about the other parent here, or any other information as ordered by the Court)

Specify (attach additional paper if needed)