Approved, SCAO

Original – FOC
Copy – Filing Party

STATE OF MICHIGAN
8TH JUDICIAL CIRCUIT

CASE NO.

CHANGE IN PERSONAL INFORMATION

Friend of the Court Address: 100 Main Street Ionia MI 48846 Telephone No. 877-543-2660 County 466

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. Use another form when making changes for more than one case. **YOU MUST SIGN THIS FORM.**

Case Name:_____ **vs**_____

Name:_____

1. New Address and/or Telephone Number

__for party and minor child(ren) __for party only
__for minor child_____ no longer living with custodial parent.

Street Address			
City	State	Zip	Area Code and Telephone 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 chanege is effective for (check all that apply)

__all addresses you have listed for me __mailing address only (where I receive mail)
__residence address only (where I live) __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

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

3. Name Change

New Name

4. New Employer

employer information is confidential by Court Order __Do you receive a payroll check __or are you 1099

Employer Name	**Street Address**	
City	**Zip**	**Area Code and telephone number**

5. Driver License

Issuing state	License number	Expiration Date

6. Occupational License

Issuing State	Type of Occupation	License number	Expiration Date

7. Social Security Number

__for you ___for minor child_____

Social Security Number

8. Health Care Insurance Provider

Name	Type	Contract Number

9.Other Information

_____

_____

_____

Name of Party filing the change (type or print)	Social Security Number	Date of Filing
Signature of party filing the change	Name of other party (type or print)	