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|---|--------------------------------|--------------------|
| STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY | CHANGE IN PERSONAL INFORMATION | CASE NO. and JUDGE |
|---|--------------------------------|--------------------|

Friend of the court address

Telephone no.

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 person. **You must sign this form and send it to the friend of the court.**

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
Name

| | | | |
|----------------|-------|-----|--------------------------------|
| 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 change is effective for (check all that apply)

- all addresses you have listed for me.
 residence address only (where I live).
 an address that is confidential by court order and which remains confidential with this change.
 the single mailing address to which all notices and papers will be serviced.

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 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 (Attach order changing name or certificate of marriage.)

| |
|----------|
| New name |
|----------|

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

| | | | |
|---------------|----------------|-----|--------------------------------|
| Employer name | Street address | | |
| City | State | Zip | Area code and telephone number |

5. New Driver's 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

| | | | |
|---------------|---------------------------------------|--------------|---------------|
| Provider name | Provider address and telephone number | Group number | Policy number |
|---------------|---------------------------------------|--------------|---------------|

9. Other Information: (To be provided as ordered by the court.) (Attach separate sheet.)

| | | |
|--------------------------------------|------------------------|---|
| Signature of party filing the change | | Name of party filing the change (type or print) |
| Date of filing | Social security number | E-mail address |