

Jackson County Friend of the Court Office 1697 Lansing Avenue, Jackson, MI 49202 Phone: (517) 788-4470 / Fax: (517) 788-4683	<b>ADDRESS &amp; PERSONAL INFORMATION CHANGE FORM</b>	<b>Case Number</b>
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**SPECIAL NOTE: Please print.**

Full Name: \_\_\_\_\_ Name of Other Party: \_\_\_\_\_

Your Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Mailing Address [*If Different From Residential*]: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #(s) - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Is the residential address you provided above confidential per a court order? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**NOTE: Your address cannot be marked as confidential, unless you provide a mailing address above or an alternative address below, and attach a copy of the court order or Personal Protection Order (PPO) that makes your address confidential to this form.**

Alternate Address [*If Residential Is Confidential*]: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ DL#: \_\_\_\_\_

Occupational License: Type of Occupation \_\_\_\_\_

Issue Date: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone#: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Care (HC) Insurance Provider Name: \_\_\_\_\_

HC Provider Group#: \_\_\_\_\_ HC Provider Policy#: \_\_\_\_\_ HC Provider Phone: \_\_\_\_\_

HC Provider's Address: \_\_\_\_\_

HC Provider's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of nearest relative not living in the home: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Child(ren) Information:**

Name:	Date of Birth	Social Security No.:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby request child support services under the Child Support Enforcement Program of Title IV-D of the Social Security Act.		
_____	_____	_____
Signature	Date	

**Revised:** May 10, 2007