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| Jackson County Friend of the Court Office 1697 Lansing Avenue, Jackson, MI 49202 Phone: (517) 788-4470 / Fax: (517) 788-4683 | ADDRESS & PERSONAL INFORMATION CHANGE FORM | Case Number |
|--|---|--------------------|

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