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| STATE OF MICHIGAN SIXTH JUDICIAL CIRCUIT OAKLAND COUNTY | CHANGE IN PERSONAL INFORMATION | CASE NO. |
|--|---------------------------------------|-----------------|

Friend of the Court address: P.O. Box 436012, Pontiac, MI 48343-6012

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.**

- 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 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 (attach order changing name or certificate of marriage and copy of drivers license)

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

4. New Employer

| | | | |
|---------------|----------------|-----|--------------------------------|
| Employer name | Street address | | |
| City | State | Zip | 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 _____

| | |
|------------------------|------|
| Social security number | Name |
|------------------------|------|

8. Health Care Insurance Provider

| | | |
|------|------|-----------------|
| Name | Type | Contract number |
|------|------|-----------------|

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

| | | |
|---|------------------------|-------------------------------------|
| 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) |