To the Clerk: For FOC office

STATE OF MICHIGAN 20th JUDICIAL CIRCUIT OTTAWA COUNTY	CHANGE IN PERSONAL INFORMATION	CASE NO. and JUDGE

Friend of the court address **Telephone no.**

12240 FILMORE ST STE 150 WEST OLIVE MI 49460 877-543-2660

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

Case No. _____

7. New Social Security Number ☐ for you ☐ for minor child _____
Name

Social security number

8. Health Care Insurance Provider (Attach front and back of card)

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