

STATE OF MICHIGAN 43 rd JUDICIAL CIRCUIT CASS COUNTY	CHANGE IN PERSONAL INFORMATION	CASE NO.
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Law & Courts Building, 60296 M-62, Cassopolis, MI 49031
 Email: foc@cassco.org

269-445-4436 Phone
 269-445-4435 Fax

YOU MAY FAX, EMAIL OR DROP OFF THIS COMPLETED FORM TO THE CASS COUNTY FOC

Your name (YOUR NAME IS REQUIRED)	Other party/parent name
Your signature (YOUR SIGNATURE IS REQUIRED)	Date you completed this form
Your Social Security Number	Your Date of Birth

Please type or print information. Complete only those sections that apply. **You must sign and date this form.**

1 New address, and/or telephone number, and/or email address

Street address		
City	State	Zip
Cell phone number (include area code)	Home number (include area code)	Work number (include area code)
Email address		

I understand that by filing this change of address, it will be used to automatically update address information on any other child-support cases that I have in Michigan.

2 Alternate Address

The Court has entered an order making my address confidential under MCR 3.203(F). The following is an alternate address for the court, the friend of the court, and the other party to use in serving me with notice and other court papers. I will retrieve all mail regarding my case from this alternate address.

Street address	City	State	Zip
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3 Name change

New name

I have attached a copy of my Social Security card issued in my new name as well as a state issued photo ID in my new name. **(THIS IS REQUIRED)**

4 New employer for myself the other party **(check one)**

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

Employment is: part-time full-time temporary permanent

Hourly rate: \$_____/hour Number of hours worked per week:_____

Insurance is available: now 30 days 60 days 90 days Other:_____

Pay cycle is: weekly bi-weekly semi-monthly monthly

5 Health Insurance change

I have lost my health insurance coverage effective _____, 20____.

I have obtained health insurance coverage effective _____, 20____.

Provider name	Provider address and telephone number	Group Number	Policy Number
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6 Other Information:
