

Please type or print information. Complete only those sections that apply. **You must sign this form and either submit to the Friend of the Court via:**
 mail: 500 Lake Street, Roscommon, Michigan 48653; fax (989-275-4584 or; e-mail (rean@roscommoncounty.net).

Cell Phone : _____ Home Phone : _____

Residential

Street Address		
City	State	Zip

Mailing (if different than residential)

Street Address		
City	State	Zip

2. ALTERNATE ADDRESS (CONFIDENTIALITY)

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

Address	City	State	Zip
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3. NAME CHANGE (Attach order changing name, certificate of marriage, or driver's license)

New Name

4. NEW EMPLOYER Employer information is confidential by court order.

Employer Name	Street address		
City	State	Zip	Phone

5. NEW DRIVER'S LICENSE

Issuing State	License number	Expiration date
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6. NEW OCCUPATIONAL LICENSE

Issuing state	Type of occupation	License number	Expiration date
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7. NEW SOCIAL SECURITY NUMBER FOR YOU for minor child _____

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8. HEALTH CARE INSURANCE PROVIDER (Attach insurance card – front and back)

Provider Name	Provider address & phone	Group Number	Policy number
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9. OTHER INFORMATION: (To be provided as ordered by the court.) (Attach separate sheet.)

Name of party filing change (type or print)	Social Security Number	Date of filing
Signature of party filing the change	Name of other parent (type or print)	
X		