



ADDRESS AND/ OR NAME CHANGE

SETS Case No.: _____ PLEASE PRINT

Your Name _____

Social Security No.: _____ Your Birth Date: _____

Other Parent's Name: _____

Are you an ADC recipient? Y or N (Circle One)

Your New Address _____

New County of Residence _____ New Phone No: _____

Your Old Address _____

IF THIS IS A NAME CHANGE:

What was your previous name? _____

What is your new name? _____

Please Sign and Date

(Rev. 09/14)

CHILD SUPPORT ENFORCEMENT AGENCY

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