

CLARK COUNTY DEPARTMENT OF  
**JOB & FAMILY SERVICES**



**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)

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Your New Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New County of Residence \_\_\_\_\_ New Phone No: \_\_\_\_\_

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Your Old Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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IF THIS IS A NAME CHANGE:

What was your previous name? \_\_\_\_\_

What is your new name? \_\_\_\_\_

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Please Sign and Date

(Rev. 09/14)

**CHILD SUPPORT ENFORCEMENT AGENCY**

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A DIVISION OF CLARK COUNTY DEPARTMENT OF JOB & FAMILY SERVICES  
CLARK COUNTY DEPARTMENT OF JOB & FAMILY SERVICES IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.