

STATE OF MICHIGAN 54 TH JUDICIAL CIRCUIT TUSCOLA COUNTY	NOTIFICATIONS TO THE FRIEND OF THE COURT	CASE NUMBER
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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. You may attach additional pages if necessary.

*******YOU MUST SIGN THIS FORM*******

Name:	Last 4 digits of Social Security Number:	Date:
Signature:	Name of Other Party:	

NEW ADDRESS AND/OR TELEPHONE NUMBER

Street Address:			
City:	State:	Zip:	Telephone Number:

ALTERNATE ADDRESS

If the court has entered an order making your address confidential under Michigan Court Rule 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 you with notice of court papers. You are responsible for retrieving mail regarding this case from this alternate address.

Street Address:	City:	State:	Zip Code:
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EMPLOYMENT INFORMATION

Employer:	Street Address:		
City:	State:	Zip Code:	Telephone Number:
Full or Part Time:	Start Date:	Rate of Pay:	Hours Per Week:
(Please check all that apply)		_____ I will receive unemployment	
_____ I have been terminated effective _____	_____ I will return on _____		
_____ I am laid off effective _____	_____ I am collecting Worker's Compensation.		
_____ I am on sick leave/disability (please circle one)			

HEALTH INSURANCE INFORMATION

Is health Insurance available to you? Yes ___ No ___	Will insurance be offered at a later date? Yes ___ No ___
Do you pay for health insurance? Yes ___ No ___ If yes, what is the cost per week \$ _____.	

NAME CHANGE

(Please attach order changing name or certificate of marriage)

New Name: (Print)

