CHANGE OF PERSONAL INFORMATION TUSCOLA COUNTY FRIEND OF THE COURT

SOCIAL SECURITY NUMBER			
New Street Address: City: State: Cell Phone Number: Email Address: CONFIDENTIAL ADDRESS *If your address is confidential, you must complete the section below and provice agree to receive all case related mail and correspondence. The other party will be address for service purposes and correspondence. If you have any other child stalternative address will be used for correspondence and service for those cases (Please check this box if applicable) I wish to have my new address marked must provide the court with an "alternative address" where I agree to have all nunderstand that my alternative address may be provided to the other party in the support case I may have, even if that case is not in Tuscola County. My alternative address is: Street Address City: State: YOUR CURRENT EMPLOYER Employer Name: City: State: Zip Code: Employer Telephone Number (if known): CHANGE OF NAME (if applicable)*	SOCIAL SECURITY NUMBER		
Home Phone Number:	CHANGE OF ADDRESS/CONTACT INFORMATION		
Home Phone Number:			
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<u>CHANGE OF NAME (if applicable)*</u>			
<u>CHANGE OF NAME (if applicable)*</u>			
*You MUST provide legal documentation confirming your name change (ex: cou			
Tou most provide legal documentation commining your name change (ex. cou	rt order marriage licence, driver's		
license, or a social security card). Without this information, our office is not able	to change your name.		
YOU MUST DATE AND SIGN THIS FORM			
Date:Signature:			