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| STATE OF MICHIGAN 7 TH JUDICIAL CIRCUIT GENESEE COUNTY | CHANGE IN PERSONAL INFORMATION | CASE NO. |
|---|--------------------------------|----------|

GENESEE COUNTY FRIEND OF THE COURT – 1101 BEACH STREET SUITE 111 FLINT, MI 48502 PHONE (810) 257-3300

Please type or print information. **Complete all sections.** You can only file changes for yourself or those minor children of whom you have physical custody. You must use another form when making changes for more than one case.

1. Address and Telephone Number

| | | | |
|----------------|-------|-----|--------------------------------|
| Street address | | | |
| City | State | Zip | Area code and telephone number |

2. Alternate Address

The court has entered an order making my address confidential under Michigan Court Rule 3.203(F). The following is an alternate address for the court, the friend of the court office, and the other party to use in serving me with notice and other court papers. I will retrieve all my mail regarding this case from this alternate address.

| | | | |
|----------------|------|-------|-----|
| Street address | City | State | Zip |
|----------------|------|-------|-----|

3. Name Change (Attach court order for name change or marriage certificate/license)

| |
|----------|
| New name |
|----------|

4. Employer employer information is confidential by court order

| | | | |
|---------------|----------------|-----|--------------------------------|
| Employer name | Street address | | |
| City | State | Zip | Area code and telephone number |

5. Driver License (Attach copy of Driver's license)

| | | |
|---------------|----------------|-----------------|
| Issuing state | License number | Expiration date |
|---------------|----------------|-----------------|

6. Occupational License (Attach copy of Occupational license)

| | | | |
|---------------|--------------------|----------------|-----------------|
| Issuing state | Type of occupation | License number | Expiration date |
|---------------|--------------------|----------------|-----------------|

7. Social Security Number new for you for minor child

| | |
|------------------------|------|
| Social security number | Name |
|------------------------|------|

8. Health Care Insurance Provider (Attach a copy of the Insurance Card)

| | | |
|--|---|---|
| Name (ie. Blue Cross/ Health Plus, etc.) | Child(ren) Covered Y <input type="checkbox"/> N <input type="checkbox"/> | Subscriber/relationship to you (ie. Self, spouse, etc.) |
|--|---|---|

*****YOU MUST SIGN THIS FORM AND ATTACH REQUIRED DOCUMENTS*****

| | | |
|---|-------------------------------------|------|
| Name of party filing the change (type or print) | Social security number | Date |
| Signature X | Name of other party (type or print) | |

DO NOT WRITE BELOW THIS LINE