



WEXFORD/MISSAUKEE FRIEND OF THE COURT

401 Lake Street ■ Cadillac, MI 49601

Phone: 231-779-9494 ■ Fax: 231-779-9497

ADDRESS / EMPLOYER / NAME CHANGE FORM

Return completed form to Friend of the Court at address above

FILE INFORMATION:

File No.	
Your Name	
Your Social Security #	
Your Driver's License or State ID #	
Other Party's Name	

YOUR NEW ADDRESS:

Mailing Address					
Residential Address (if different)					
City		State		Zip	
Phone					

YOUR NEW EMPLOYER:

Employer Name					
Employer Address					
City		State		Zip	
Phone		Fax		E-mail	

YOUR NEW NAME: (must already be changed with Social Security)

Your New Name	
Your Former Name	

Date: _____ **Signature:** _____

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☼ ☼ ☼ ☼ ☼ ☼ **FORM MUST BE SIGNED** ☼ ☼ ☼ ☼ ☼ ☼

For Office Use Only:		
_____	<input type="checkbox"/> Postal Verification Sent	_____
Date Changed		Changed by (initials)