

LIVINGSTON COUNTY FRIEND OF THE COURT

210 S. Highlander Way CSuite 3 CHowell, MI 48843 C(517)546-0230 CFax (517) 552-2312

ADDRESS/NAME CHANGE

Name: _____ **Social Security #**
File/Case No. _____

Opposite Party's Name: _____

Your Old Address: _____

New Legal Address:
*(*Legal Address is accessible to the public. Mailing and Residential addresses can be confidential by court order*)*

IN ORDER TO COMPLY WITH MICHIGAN COURT RULES THIS OFFICE NEEDS TO KNOW THE STREET NAME AND NUMBER OF YOUR RESIDENCE EVEN IF YOUR MAIL IS DELIVERED TO A POST OFFICE BOX.

Residential:

Mailing:

Home Phone No: _____ Work Phone No: _____

NAME CHANGE
(Legal documentation of name change must be attached)

From: _____

To: _____

9 I request support services under Title IV-D of the Social Security Act.

Signature (Required) _____