

**Clerk of the Circuit Court  
Child Support Division  
112 S. 2<sup>nd</sup> Street  
P.O. Box 189  
Decatur, Indiana 46733  
Phone (260) 724-5310  
Fax (260) 724-5313**

**NAME/ADDRESS UPDATE FORM**

“Custodial Parents must also comply with IC 31-17-2.2 when moving and should consult their attorneys”

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PREVIOUS NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OLD ADDRESS \_\_\_\_\_ NEW ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CAUSE NUMBER \_\_\_\_\_

ISETS CASE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

Under penalties of perjury, I certify that the above information is true and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*If you are currently receiving TANF or benefits from the Division of Family Resources, you must change your address in their office in order for your check address to change.*