

CHANGE OF ADDRESS FORM

FIRST NAME	LAST N	AST NAME		
List all docket numbers to which t	he change of addr	ess will apply:		
Docket Number		Issuing County		
Old Address Street Address				
			Zip	
New Address Street Address				
City		State	Zip	
Effective Date of Address Change				
Daytime Telephone:		Home Telephone:		
Signature (required to validate thi	s request)		Date	
PLEASE NOTE – YOU <u>MUST II</u> DRIVER'S LICENSE OR STATI (Please check the appropriate box	E ID WITH THIS	FORM.		
Copy of Driver's License		Copy of State ID		
If your docket was issued from Cook County and you do not have a child support case with the Department of Healthcare and Family		D	nd sworn to before me this ay of,20,	
Services, you must have this request notarized. If the form has been notarized please mail to address listed above.		Notary Public		
Please fax the complete	form to (630) 221-	2312 or mail to add	lress listed above.	
you would like to receive notifications fro nild support case listed above, please com			has been a disbursement on your	
Iobile phone number: Standard Text Messaging rates may apply) E		ail:		
reference (Circle One): Text Message E both mobile phone number and email address are pro		indicated the notification	method will default to email.	