

CHILD SUPPORT
INFORMATION CHANGE REQUEST

DATE

CASE NUMBER

PREVIOUS INFORMATION:

Name: _____

Address: _____

NEW INFORMATION:

Name: _____

New Address: _____

ADDITIONAL INFORMATION:

Person Making Payments: _____

SIGNATURE

Please mail or deliver form to
NEIL KELLY, CLERK
ATTN: CHILD SUPPORT DIVISION
P O BOX 7800
550 West Main Street
TAVARES, FL 32778-7800
Or
Fax to (352) 742-4316