

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR LAKE COUNTY, FLORIDA

CASE NO. _____

Petitioner

Respondent

CHILD SUPPORT
INFORMATION CHANGE REQUEST

PREVIOUS INFORMATION:

Name: _____

Address: _____

NEW INFORMATION:

Name: _____

New Address:s _____

Telephone Number: _____

ADDITIONAL INFORMATION:

Person Making Payments: _____

Date

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