

**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  
**GARY J. COONEY, CLERK**  
**ATTN: CHILD SUPPORT DIVISION**  
**P O BOX 7800**  
**550 West Main Street**  
**TAVARES, FL 32778-7800**  
**Or**  
**Fax to (352) 742-4316**