

ALABAMA CENTRAL DISBURSEMENT DIVISION

INFORMATION UPDATE FORM:

CASE NUMBER _____.

_____ V _____
PLAINTIFF DEFENDANT

YOUR NAME AS IT IS LISTED IN THE COURT RECORD: _____

CHECK BOX(ES) THAT APPLY

***SOCIAL SECURITY NUMBER:** _____

NAME CHANGE: PLEASE CHANGE THE NAME ON MY CASE

FROM: PRESENT NAME: _____

TO: NEW NAME: _____

ADDRESS CHANGE: PLEASE CHANGE THE MAILING ADDRESS FOR MY CASE

FROM: OLD ADDRESS: _____

TO: NEW ADDRESS: _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

*THE DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS MANDATORY. IT IS BASED ON SECTION 446(A)(13) OF THE SOCIAL SECURITY ACT [42 U.S.C. 666(A)(13)], AND WILL BE USED UNDER THE STATE'S CHILD SUPPORT ENFORCEMENT PROGRAM TO LOCATE INDIVIDUALS FOR PURPOSES OF ESTABLISHING PATERNITY AND ESTABLISHING, MODIFYING, AND ENFORCING SUPPORT OBLIGATIONS.

IF YOU HAVE ANY QUESTIONS, CALL 1-877-774-9513

RETURN TO:

ALABAMA CENTRAL DISBURSEMENT DIVISION
P. O. BOX 4960
MONTGOMERY, ALABAMA 36103-4960

FAX 334-954-5181
Email Address: childsupport@alacourt.gov