

**ALABAMA CENTRAL DISBURSEMENT DIVISION
CHANGE OF ADDRESS AND / OR NAME**

CASE NUMBER _____

_____ V _____
PLAINTIFF **DEFENDANT**

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

*SOCIAL SECURITY NUMBER: _____

NAME CHANGE: PLEASE CHANGE THE NAME ON MY CHECK

FROM: PRESENT NAME: _____

TO: NEW NAME: _____

ADDRESS CHANGE: PLEASE CHANGE THE MAILING ADDRESS FOR MY CHECK

FROM: OLD ADDRESS: _____

TO: NEW 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