

**Spencer County Circuit Court Clerk  
Child Support Division**

**Name/ Address Change**

I hereby give the Spencer County IV-D Child Support Division and/or the Spencer County Circuit Clerk permission to change my address as follows:

**Old Address:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**New Address:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**For Office use**

Identification Type: \_\_\_\_\_  
(Must be valid picture Identification)

Employee Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

**\*You must include a copy of your driver's license or picture ID with this form in order for our office to change your address.**

Cause No# \_\_\_\_\_

Date: \_\_\_\_\_

**ABSENT PARENT INFORMATION (PAYOR)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Relationship To Dependent: \_\_\_\_\_

Attorney: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CUSTODIAL PERSON INFORMATION (PAYEE)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Relationship To Dependent: \_\_\_\_\_

Attorney: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**DEPENDENT (CHILDREN) INFORMATION**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SEX: \_\_\_\_\_

RACE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

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NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SEX: \_\_\_\_\_

RACE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_  
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NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
SEX: \_\_\_\_\_  
RACE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
SEX: \_\_\_\_\_  
RACE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
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RACE: \_\_\_\_\_  
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