

**CHANGE OF ADDRESS OR EMPLOYER**

NAME OF PERSON PROVIDING INFORMATION \_\_\_\_\_

**CASE TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_  
Petitioner

AND

**CASE#:** \_\_\_\_\_

\_\_\_\_\_  
Respondent  
(Joint Petitioners)

**SSN:** \_\_\_\_\_

**FORMER ADDRESS:**

**NEW ADDRESS:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

Phone # \_\_\_\_\_ / \_\_\_\_\_

Phone # \_\_\_\_\_ / \_\_\_\_\_

**FORMER EMPLOYER:**

**NEW EMPLOYER:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

Phone # \_\_\_\_\_ / \_\_\_\_\_

Phone # \_\_\_\_\_ / \_\_\_\_\_

**767.263 Notice of Change of Employer and Change of Address:**

Each order for child support or maintenance payments shall include an order that the payer and payee notify the Court of any change of employer change of address within ten (10) days of such change to:

RACINE CO CHILD SUPPORT DEPARTMENT  
818 SIXTH ST., SUITE 2  
RACINE, WI 53403-1176

**I hereby attest my address and/or employer has changed as identified above.**

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*For Office Use Only:*

*I have verified with the participant that their former employer should be end-dated, and I have manually end-dated that employer in KIDS*

Reported to _____
_____ In person
_____ Via telephone