

**CHANGE IN PERSONAL INFORMATION**

CASE NO. \_\_\_\_\_

*Presque Isle County Friend of the Court  
PO Box 192  
Rogers City, MI 49779*

*Phone: (989) 734-4312  
Fax: (989) 734-4995*

Please type or print information. Complete only those sections that apply. **You must sign and date this form and send back to the Friend of the Court Office.**

**1. New Address and/or Phone Number**

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**2. Name Change (Attach order changing name, marriage certificate or updated driver's license.)**

\_\_\_\_\_  
New Name

**3. New Employer**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Phone #

\_\_\_\_\_  
Employer Street Address

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**4. New Health Care Insurance Provider**

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider's Phone #

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Policy Number

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date