

WAUKESHA COUNTY CHANGE OF INFORMATION FORM

Case #: _____

Date: _____

ADDRESS CHANGE

Your Name: _____

Old Address: _____

New Address: _____

Phone #: _____

Effective date: _____

Signature: _____

NAME CHANGE

Previous Name: _____ (Please Print)

Present Name: _____ (Please Print)

Effective Date: _____

Signature: _____

EMPLOYER INFORMATION CHANGE

Payer Name: _____ Payer Phone #: _____

Payer D.O.B.: _____ Last Date of Employment: _____

Previous Employer Name: _____

New Employer Name: _____

Employer Address: _____

Payroll Phone #: _____ Payroll Contact Person: _____

Effective Date of New Employment: _____

Complete the form and make two (2) copies: Mail one (1) copy to the other party **and** the original and one (1) copy to:
Family Court Division, Rm. C-167, PO Box 1627, Waukesha, WI 53188

Original = Clerk of Courts Family Division

Copy 1 = The Other Party

Copy 2 = Child Support Division