

Allegiance Child Support Enforcement

CHANGE OF ADDRESS FORM

Please complete all information below. All fields with an * are required fields.

*Your Name: _____

*Your Social Security Number: _____

ACSE Case Number: _____

*Non-Custodial Parent Name: _____

*Your Previous Address:

Street: _____

City: _____ State: _____ Zip: _____

*Your Current Address:

Street: _____

City: _____ State: _____ Zip: _____

Reminder: Enclose a photocopy of your driver's license, Social Security card, or other form of verification so that ACSE can determine that you are the person completing this Change of Address Form.

By signing below, you certify that the information provided in this Change of Address Form is true and correct.

*Printed Name, Custodial Parent

*Signature, Custodial Parent

Mail this Change of Address Form to:

Allegiance Child Support Enforcement
P.O. Box 964
Decatur, Texas 76234-0964