

ADDRESS CHANGE REQUEST

Michigan Department of Health and Human Services
Michigan State Disbursement Unit

This form is to be used to notify the MiSDU of a change of address. Check the appropriate box, complete the form, and return it to the address noted further below.

Name (Last, First, Middle) (Print using black or blue ink)		
Home Telephone Number	Work Telephone Number	Cell Phone Number
Email Address		
Current/New Address (Number, Street, Apt. Number, City, State, Zip Code, Country (if not US))		

Social Security Number	Date of Birth	Case ID or Docket Number	
		Number	County

Check the appropriate box

I am requesting a change of address for my mailing address.

I am requesting a change of address for my residential address.

I am requesting a change of address for both my mailing and residential addresses.

Sign Here	Date
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I declare that the information provided above is true and correct to the best of my knowledge. I understand that I must still change my address with the post office and the Friend of the Court office or I will not receive important legal documents. I understand that this notification must be in writing.

Mail or fax this form to:

MiSDU
Attn: Address Change
PO Box 30354
Lansing, MI 48909-7854
FAX: 517-318-4697

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.	
Legal Authorities: 45 CFR 307.10(b)(1)	Completion: Voluntary