



ADDRESS CHANGE FORM
Michigan State Disbursement Unit
Michigan Department of Health and Human Services

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

Your Name (Please print using black or blue ink):

Last First Middle

Phone Numbers:

Home Phone Work Phone Other Phone

Current/New Address:

Number/Street/Apt. Number City State/ZIP Country (if not U.S.)

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:** _____

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 this form to:
MiSDU
Attn: Address Change
P.O. Box 30354
Lansing, MI 48909-7854
FAX: 517-318-4697

Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an MDHHS office in your area.	Legal Authorities: 45 CFR 307.10(b)(1) Completion: Voluntary
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