

# WAUKESHA COUNTY CHANGE OF INFORMATION FORM

Case #: \_\_\_\_\_

Date: \_\_\_\_\_

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## ADDRESS CHANGE

Your Name: \_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Effective date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## NAME CHANGE

Previous Name: \_\_\_\_\_ (Please Print)

Present Name: \_\_\_\_\_ (Please Print)

Effective Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## 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: \_\_\_\_\_

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**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-153, PO Box 1627, Waukesha, WI 53188

Original = Clerk of Courts Family Division

Copy 1 = The Other Party

Copy 2 = Child Support Division