

## CHANGE OF INFORMATION FORM

I, \_\_\_\_\_ request the Mahoning County Child Support Enforcement Agency to make the requested change.

Today's date: \_\_\_\_\_

Effective date of change: \_\_\_\_\_

Your date of birth: \_\_\_\_\_

Your S.S. #: \_\_\_\_\_

SETS Case Number: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

Please indicate if you have multiple cases  Yes

No

If yes, please list all additional SETS or Court Case Number, if known:

\_\_\_\_\_  
\_\_\_\_\_

**CHANGE OF ADDRESS**  
**New Address**

\_\_\_\_\_  
Number and Street (Apt. #)

\_\_\_\_\_  
City State Zip

**Former Address**

\_\_\_\_\_  
Number and Street (Apt. #)

\_\_\_\_\_  
City State Zip

**CHANGE OF NAME**  
**New Name**

\_\_\_\_\_  
First Middle Last

**Former Name**

\_\_\_\_\_  
First Middle Last

**CHANGE OF EMPLOYER**  
**New Employer**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Business Phone

**Former Employer**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Business Phone

When completed, please return to:  
Mahoning County CSEA  
P.O. Box 119  
Youngstown, OH 44501-0119