

# 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 the original to the Family Court Division, Rm. C-167, PO Box 1627, Waukesha, WI 53188, mail one (1) copy to the other party and the second copy to the Child Support Division, 515 W. Moreland Blvd. Room AC348, Waukesha WI 53188.

Original = Clerk of Courts Family Division

Copy 1 = The Other Party

Copy 2 = Child Support Division

Revised 8/2024