



Address Change Form

Michigan State Disbursement Unit
Department of 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.

My 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 or fax this form to:

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

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, 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 a DHS office in your area.

Legal Authorities: 45 CFR 307.10
Completion: Voluntary