

EMPLOYEE'S INITIALS: _____

IMPORTANT NOTICE

Payments of support are to be mailed to PA SCDU (Pennsylvania State Collection Disbursement Unit) PO Box 69110, Harrisburg, PA 17106-9110, and must include defendant's member number in order to ensure posting to the correct case(s).

In the event you remarry or wish to change your mailing address, notify this office immediately by one of the three following methods: (1) use this form and mail to DOMESTICS RELATIONS SECTION, 126 S UNION STREET, EASTON, PA 18042-4444, (2) by coming into the office in person and signing a change of address form, or (3) by logging on to the Pa. Child Support website at www.childsupport.state.pa.us. Address changes made at the post office do not change your address at this office. No change of address will be taken over the telephone.

Your cooperation will ensure faster processing of your payments.

Defendant's Name: _____ Case ID#: _____
(Person paying support)

Plaintiff's Name: _____ Docket No.: _____
(Person receiving support) Date: _____

SS #: _____

Please change my name:

Former name: _____

New name: _____

Please change my address:

Old Address: _____

Street and/or Box Number

City State Zip Code

New Address: _____

Street and/or Box Number

City State Zip Code

Home telephone number: _____ Cell phone number: _____

Print your Name

Your Signature