



CHANGE OF NAME/ADDRESS REQUEST

Date: _____ Division Case Number: _____

Custodial Parent (print first and last name): _____

Noncustodial Parent (print first and last name): _____

All name and address changes must be submitted in writing to the Division of Child Support Enforcement (DCSE).

Former Name/Address

Complete this section with your former name and/or address.

Former Name (print first and last name): _____

Address: _____

City: _____ State/Zip: _____

Former Phone Number: _____ Type: Home Cell Work

New Name/Address

Complete this section with your new name and/or address.

Name (print first and last name): _____

New Address: _____

City: _____ State/Zip: _____

New Phone Number: _____ Type: Home Cell Work

Signature: _____

Date: _____

VIRGINIA LAW REQUIRES EACH PARENT TO PROVIDE NOTIFICATION OF A CHANGE IN HOME ADDRESSES, TELEPHONE NUMBERS, WORK ADDRESSES, AND WORK TELEPHONE NUMBERS. (§63.2-1916) (§20-60.3)

To obtain additional case and/or payment information, visit our customer service portal at <https://mychildsupport.dss.virginia.gov/>.