

HARRIS COUNTY CHILD SUPPORT REQUEST FOR NAME/ADDRESS CHANGE

EMAIL: CHILDSUPPORT@HCDISTRICTCLERK.COM

FAX: 832-927-0135

MAIL TO: MARILYN BURGESS, DISTRICT CLERK

POST OFFICE BOX 4651

HOUSTON, TEXAS 77210

ATTENTION: CHILD SUPPORT DEPARTMENT

- ❖ SUBMIT THIS COMPLETED FORM WITH SIGNATURE
- ❖ WHEN UPDATING ADDRESS INFO, SUBMIT COPY OF VALID STATE ISSUED PHOTO ID (**PHOTO, ADDRESS, AND SIGNATURE MUST BE CLEARLY VISIBLE**)
- ❖ WHEN UPDATING LAST NAME, SUBMIT MARRIAGE CERTIFICATE COPY AND COPY OF VALID STATE ISSUED PHOTO (**PHOTO, ADDRESS, AND SIGNATURE MUST BE CLEARLY VISIBLE**)
- ❖ IF LICENSE OR ID HAS EXPIRED, PROVIDE AN ADDITIONAL VALID FORM OF ID (e.g. CREDIT CARD, PASSPORT, etc.)

****IF YOU ARE SUBMITTING AN ADDRESS CHANGE TO UPDATE THE COURTS SYSTEM PER COURT ORDER, PLEASE SUBMIT YOUR UPDATE IN WRITING DIRECTLY TO THE COURTS.****

CHECK ALL THAT APPLY

NAME CHANGE ADDRESS CHANGE

(PLEASE PRINT)

TODAY'S DATE _____ CAUSE # _____

YOUR NAME: _____

Select One: I am the Payor (make payments) I am the Payee (receive payments)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL: _____ HOME: _____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE NO. _____ SSN _____

SIGNATURE _____

If you have any questions regarding this form, please call us at 832-927-5650.

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