



# Office of the Attorney General of Guam

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## CHANGE OF ADDRESS/NAME CHANGE FORM

Your CS Case No. \_\_\_\_\_ Your S.S.N. \_\_\_\_\_

Name of the Non-Custodial Parent / Custodial Parent \_\_\_\_\_

Your Name \_\_\_\_\_

Your New Name (if Applicable) \_\_\_\_\_

Your New Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

In "Care Of" \_\_\_\_\_. Fill in only if you reside with someone with a different last name, including your parents or relatives. The Postal Service may not leave support payments if your name is not listed as a resident, or is not on the mailbox.

Home Number: \_\_\_\_\_ Work Number \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Date

### **Official Use Only:**

Processed Date: \_\_\_\_\_

Processor Initials: \_\_\_\_\_

**NOTE: A FAXED OR MAILED CHANGE OF ADDRESS REQUEST MUST INCLUDE A COPY OF YOUR PHOTO ID AND SOCIAL SECURITY CARD.**