

CHARLES BACARISSE HARRIS COUNTY DISTRICT CLERK

CHILD SUPPORT OFFICE
1115 CONGRESS, ROOM 10
HOUSTON, TEXAS 77002
(713) 755-6077
(713) 755-4359 Fax

NAME/ADDRESS CHANGE FORM

(PLEASE PRINT)

Cause Number _____ Today's Date _____

Payor's Name (Makes Payments) _____

Payee's Name (Receives Payments) _____

A state issued photo ID is required before any changes can be made. If license or state ID has expired, please provide us with an additional form of ID, i.e. credit card, passport, etc. In order to eliminate payments returning to this office, please notify the Child Support Office in writing or in person immediately once you have moved.

I have moved remarried and would like to change my address name to:

NAME _____

IN CARE OF (C/O) _____

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ BUSINESS PHONE (____) _____

E-MAIL ADDRESS _____

DRIVER'S LICENSE NO. _____ SSN _____

PAYOR'S SIGNATURE _____

PAYEE'S SIGNATURE _____