

**Commonwealth of Virginia
Department Of Social Services
DIVISION OF CHILD SUPPORT ENFORCEMENT**

CHANGE OF NAME/ADDRESS REQUEST

**ALL NAME/ADDRESS CHANGES MUST BE IN WRITING AND SUBMITTED TO
THE DISTRICT OFFICE THAT MANAGES YOUR CASE.**

**District Office addresses, fax numbers and areas served can be found on our website at
WWW.DCSE.DSS.STATE.VA.US**

Custodial Parent

NonCustodial

(DCSE Case No.)

COMPLETE THIS SECTION WITH YOUR FORMER NAME/ADDRESS (Please Print)

(Former Name)

Former Address (no., street, city or town, state, and ZIP code)

Former work/home telephone No.

COMPLETE THIS SECTION WITH YOUR NEW NAME/ADDRESS (Please Print)

(Name)

New address (no., street, city or town, state, and ZIP code)

New work/home telephone No.

Signature

Date

Virginia law requires each parent to provide written notification of a change in his or her home and work addresses as well as home or work telephone numbers within 30 days of a change. (§63.1-252.1) (§20-60.3)