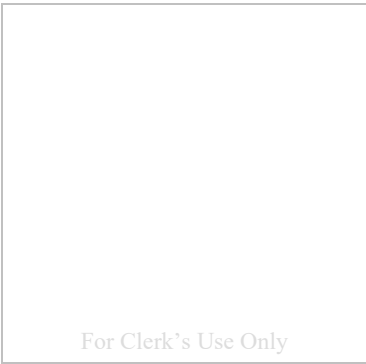


Party Updating Information is:

- Petitioner/Plaintiff
- Respondent/Defendant



**SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY**

Name of Petitioner/Plaintiff *

Case No.: _____

Atlas No.: _____

Name of Respondent/Defendant *

UPDATE INFORMATION on

***(Write Names above as on Court Documents)**

- MAILING ADDRESS
- EMAIL ADDRESS and/or
- NAME

If your address is protected by Court Order, do not use this form.

I UNDERSTAND:

1. This Notice is to tell the Clerk of Superior Court that my address or name has changed.
2. This form does not legally change my name.
3. Address and name changes that are not sealed or confidential will be entered on both the support payment and the court's automated system and will be available to the public as a public record.
4. I may only submit changes for my own address and name.
5. I cannot use this packet to update contact information of a fiduciary or ward in a guardianship, conservatorship or formal/informal probate case. To update a fiduciary or ward's information, I must use the Notice of Change of Fiduciary's Contact Information form or Notice of Change of Ward's Contact Information form.

INFORMATION I WANT TO CHANGE: (PLEASE PRINT)

Case No. _____

My old name was: _____

My new name is: _____

My old address was: _____

(Street Address, City, State, Zip Code)

My new address is: _____

(Street Address, City, State, Zip Code)

My new mailing address is: _____

(If different from above)

My old contact phone number was: _____

My new contact phone number is: _____

My old email address was: _____

My new email address is: _____

My date of birth is: _____

Receive texts from Court to contact phone number above? Yes No texts

There is an order for payments through the Clearinghouse for Child Support and/or Spousal Maintenance (if so, email the completed form to FSSResearch@maricopa.gov or fax to 602-506-1937).

OR

There is an order for payments through the Clerk of Superior Court for Restitution (if so, email the completed form to CFOResponse@mail.maricopa.gov).

OR

This update is for other than Support, Maintenance or Restitution (if so, email the completed form to COCDistribution-AddressChangeForms@maricopa.gov or fax to 602-506-6690).

I declare under penalty of perjury that the foregoing is true and correct.

Date: _____

Signature of Person Requesting the Change

Please send me information on direct deposit for Child Support and/or Spousal Maintenance.

iCIS Address updated (For Court Use Only)