



Exceptions Processing Department
P.O. Box 6098
Indianapolis, IN 46206-6098
Fax: 317-241-9635

NAME CHANGE REQUEST FORM

This form is being sent to you because you have requested a NAME change in your child support case(s) in the Indiana State Enforcement and Tracking System (ISETS).

Name: _____

MPI Number: _____

Previous Name:

Last First Middle

New Name:

Last First Middle

Last four digits of your Social Security Number: _____
(Required. Your request can not be processed without it.)

YOU MUST INCLUDE SUPPORTING DOCUMENTATION SUCH AS A COPY OF YOUR DIVORCE DECREE, MARRIAGE LICENSE OR OTHER COURT ORDER WITH THIS REQUEST. YOUR REQUEST FOR A NAME CHANGE CAN NOT BE PROCESSED WITHOUT THE SUPPORTING DOCUMENTATION.

The information contained on this completed form is confidential in accordance with 45 CFR 302.21 and 45 CFR 303.70

Signature: _____ **Date:** _____

By signing this document you are certifying that all the information on this request for change is correct.

Please sign/date this request and return to:

**INSCCU
ATTN: Exceptions Processing Unit
P.O. Box 6098
Indianapolis, IN 46206-6098**

Please note that if all required fields are not completed, and supporting documentation submitted, the form will be returned to you and your name will not be changed in ISETS.

Form sent by (CSR Initials): _____ Date: _____