



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

ADDRESS CHANGE REQUEST

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

Custodial Party Name: _____

Custodial Party MPI Number: _____

IMPORTANT: You must include a copy of your driver's license or State issued ID.
(Please note that if all required fields are not completed and you do not include a photo ID, the form will be returned to you and your address will not be updated.)

Please complete the following fields and return the form to the address below. You may also fax the completed form to the fax number listed above.

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

Last four digits of your Social Security Number: _____

(Required. Your request can not be processed without it.)

Telephone:

Home # _____

Alternate # _____

New Address:
(Required)

Number and street _____

Apt # _____

City _____

State _____

Zip _____

Signature: _____

Date: _____

Please sign/date this request and return to:

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

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