

Pin Change Form

This form is to be used for obtaining a new, temporary Personal Identification Number (PIN) for access to child support case information through the Interactive Voice Response (IVR) telephone system.

Your Name (Please Print using black ink): Middle Last First **Phone Numbers:** Home Phone Work Phone Other Phone Address: Number/Street/Apt# State/Zip Country (if not US) City **Social Security Number:** Case ID or Court Case (Docket) #: Number County Sign Here: Date:

I hereby request the issuance of a temporary PIN. This temporary PIN will be the last four digits of my social security number and will be available within approximately five business days. I may then use that PIN, but also I understand that I must create a different PIN at the time I use this temporary PIN. I should not provide the PIN to any unauthorized person.

Mail this Form to:

MiSDU Attn: PIN Change PO Box 30354 <u>Lansing, MI 48909 - 7854</u> FAX: 517-318-4697