



Child Support (IVD)  
15 N. Franklin  
Suite 100  
Valparaiso, IN 46383  
Ph: 219-465-3405  
Fx: 219-465-3689

Date \_\_\_\_\_

ISETS# \_\_\_\_\_

## CHANGE OF EMPLOYER

**NON-CUSTODIAL PARENT (person paying support):** \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_  
Email

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**CUSTODIAL PARTY'S NAME (person receiving child support):** \_\_\_\_\_

SSN \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Signature \_\_\_\_\_