



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):

Last

First

Middle

Phone Numbers:

Home Phone

Work Phone

Other Phone

Address:

Number/Street/Apt#

City

State/Zip

Country (if not US)

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
Lansing, MI 48909 - 7854
FAX: 517-318-4697