



**MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION**

Name:  
IV-D Case Number:

**REQUEST FOR USE OF ALTERNATE ADDRESS**

Please use the address shown below in my child support case.

The Family Support Division may contact me at this address and/or use this address for the service of any legal documents.

I understand that the address below may be released to the other parent and/or his/her legal representative without further notice to me.

**Alternate Address**

---

---

---

**Telephone Number**

(\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date I Signed the Form)

Return the completed form to: Family Support Division  
PO Box 6790  
Jefferson City, MO 65102-6790