

DATE _____

JR # _____

CASE # _____

**CHANGE OF NAME AND/ OR ADDRESS
PLEASE PRINT**

PAYOR'S NAME _____

YOUR NAME _____

OLD ADDRESS _____

NEW ADDRESS _____

YOUR SOCIAL SECURITY # _____

YOUR PLACE OF EMPLOYMENT _____

_____ **WHAT SHIFT** _____

YOUR HOME TELEPHONE# _____ **WORK#** _____

OLD NAME _____ **NEW NAME** _____

Please include a copy of Driver's License or Picture ID and mail to:
Spartanburg County Clerk of Court Office-Payments
P.O. Box 3483
Spartanburg SC 29304-3483