

**MONROE COUNTY FRIEND OF THE COURT  
ADDRESS/EMPLOYMENT/INSURANCE UPDATE**

**YOUR (NEW) NAME** \_\_\_\_\_ **CASE NO.** \_\_\_\_\_ -D\_\_\_\_\_

**YOUR ADDRESS/APT./TRAILER #** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_, \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**TELEPHONE ( )** \_\_\_\_\_ **SOCIAL SECURITY NO.** \_\_\_\_\_

**DRIVERS LIC. #** \_\_\_\_\_ **OCCUPATIONAL LIC./AGENCY** \_\_\_\_\_

**HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **EYE COLOR** \_\_\_\_\_ **HAIR** \_\_\_\_\_ **RACE** \_\_\_\_\_

**SCARS, TATOOS, ETC.** \_\_\_\_\_

**YOUR EMPLOYER'S NAME** \_\_\_\_\_

**EMPLOYER ADDRESS/CITY/STATE/ZIP** \_\_\_\_\_

**EMPLOYER TELEPHONE ( )** \_\_\_\_\_ **EXT.** \_\_\_\_\_ **DATE OF HIRE** \_\_\_\_\_

**RATE OF PAY** \_\_\_\_\_ **PER** \_\_\_\_\_ **SUPERVISOR** \_\_\_\_\_

**HEALTH INS.** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**DENTAL INS.** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**OPTICAL INS.** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**OTHER INS.** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**OTHER PARTY'S NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

Subscribed and sworn to before me, a notary public in and for Monroe County  
this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_.

\_\_\_\_\_  
Notary Public, Monroe County, Michigan  
My commission expires \_\_\_\_\_

**MUST BE COMPLETELY FILLED OUT**