PLACER COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

CHANGE OF CUSTODY FORM

Print Form

Case Number

Name

Address

City State Zip Code

I, , do hereby inform the Department of Child Support Services that the following child(ren):

Child's Name

Child's Name

Child's Name

Child's Name

is/are residing with:

Name

Relationship

Address

City State Zip Code

This Change became effective on

I understand that in the event of any change I will notify your office immediately

Signature Date