

Address Change Form

Today's Date: _____

Mail to: Pam Heard District Clerk
Aransas County District Clerk
2840 Hwy 35 North
Rockport TX 78382

Pursuant to Section 105.007 of the Texas Family Code:

*"Each person is **Ordered** to notify the clerk of this court within 10 days after the date of any change in the party's current residence address, mailing address, home telephone number, name of employer, address of place of employment, and work telephone number. The duty to furnish this information to the clerk of the court continues as long as any person, by virtue of the order of decree, is under an obligation to pay child support or is entitled to possession of or access to a child. Failure to obey the order of this court to provide the clerk with the current mailing address of a party may result in the issuance of a *capias* for the arrest of the party if that party cannot be personally served with notice of a hearing at an address of record.*

This is an official notification of my : (check all that apply)

___ new address ___ new name ___ employer info. ___ other: _____

Cause No. _____ OAG No. _____

I am the: custodial - non-custodial parent (circle one)

Old Address: _____

New Address: _____

Home Telephone No.: _____ New Name (if applicable) : _____

SS # _____ Driver's License or ID # _____

Employer Information:

Name: _____ Phone No. : _____

Address: _____

(please note: if you request an employer's order be issued the fee is \$15.00)

this information becomes effective: _____

Address changes will not be accepted over the phone. Please use this form when submitting any change. **DO NOT USE POSTCARDS.** Additional forms are available in our office.

X _____
your signature

X _____
printed name