

	CSE Case Number:
	Custodial Party:
	Noncustodial Parent:
	Court Case Number:
Our office has been informed that your child(ren) is no longer in receiving public assistance, you are required to contact your eligcustody. In order to keep accurate records of this case, we need as soon as possible.	jibility worker about any changes in
Please complete the form and return to: STANISLAUS COUNTY SERVICES, PO BOX 4189, MODESTO CA 95352-4189. Please changes the child support obligations.	
Please contact us at (866) 901-3212 with the above case number	er if you have any questions.
Child(ren) Name(s):	
Date Custody Changed:	
Name of Person Child(ren) is living with:	
Address:	
Relationship to Child(ren):	
I would like a voluntary case closure form sent to me to request obligation that is payable to me to be closed.	the portion of the child support
☐ Yes ☐ No	
Custodial Party Signature CHANGE OF CUSTODY	Date STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DCSS 0157 (04/11/05)

DEPARTMENT OF CHILD SUPPORT SERVICES