



# Pin Change Form

This form is to be used for obtaining a new, temporary Personal Identification Number (PIN) for access to child support case information through the Interactive Voice Response (IVR) telephone system.

**Your Name** (Please Print using black ink):

\_\_\_\_\_  
Last First Middle

**Phone Numbers:**

\_\_\_\_\_  
Home Phone Work Phone Other Phone

**Address:**

\_\_\_\_\_  
Number/Street/Apt# City State/Zip Country (if not US)

**Social Security Number:**

**Case ID or Court Case (Docket) #:**

\_\_\_\_\_  
Number County

**Sign Here:**

**Date:**

I hereby request the issuance of a temporary PIN. This temporary PIN will be the last four digits of my social security number and will be available within approximately five business days. I may then use that PIN, but also I understand that I must create a different PIN at the time I use this temporary PIN. I should not provide the PIN to any unauthorized person.

Mail this Form to:

**MiSDU**  
**Attn: PIN Change**  
**PO Box 30354**  
**Lansing, MI 48909 - 7854**  
**FAX: 517-318-4697**