

# NOTIFICATION TO CLERK OF THE COURT

To: Clerk of the Circuit Court  
22nd Judicial Circuit, McHenry County  
2200 N. Seminary Avenue  
Woodstock, Illinois 60098

*(Also send form to the Illinois Department of Healthcare & Family Services in cases where recipient is receiving child and support services under Article X of the Illinois Public Aid Code)*

Re: Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Name of Support Obligor: \_\_\_\_\_

## **EMPLOYER CHANGE**

Name and Address of New Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **INSURANCE CHANGE**

In the event of a change of employment or change in insurance carriers, state whether the obligor has access to health insurance coverage through the new employer or other group coverage:

\_\_\_\_\_

If so, state the policy name, policy number, and the names of persons covered under the policy:

Policy Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Persons Covered Under Policy: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **ADDRESS/PHONE CHANGE**

Provide any new residential or mailing address or telephone number:

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date