

PIN CHANGE REQUEST

Michigan Department of Health and Human Services
Michigan State Disbursement Unit

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.

Name (Last, First, Middle) (Print using black ink)		
Home Telephone Number	Work Telephone Number	Cell Phone Number
Email Address		Date of Birth
Address (Number, Street, Apt. Number, City, State, Zip Code, Country (if not US))		

Social Security Number	Case ID or Court Case (Docket) Number	
	Number	County

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 I also 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.

Sign Here	Date
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Mail or fax this form to:

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

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.