

Report a Change of Employer

Please provide all the information you can regarding your change in employment. This information will be used to update our case file which will reduce the chances of an interruption in child support payments. All new information will be subject to verification.

Please print this form and send it to: DCF-Office of Child Support, Employer Services Unit, 103 South Main Street, Waterbury, VT 05671-1901, fax it to: 802-241-2748, or call our Employer Services Unit at 1-800-786-3214.

Thank you in advance for your cooperation.

General Information

Parent Name:

First: _____ Middle: _____ Last: _____

Social Security Number _____ - _____ - _____

Personal Identification Number (PIN): _____

Current Employer Information

Current Employer Name: _____

Physical Address (street name and #): _____

Mailing Address (PO Box or RR#): _____

City: _____

State: _____

Zip Code: _____

Phone: (_____) _____ - _____

Former Employer Information

Former Employer Name: _____

Physical Address (street name and #): _____

Mailing Address (PO Box or RR#): _____

City: _____

State: _____

Zip Code: _____

Phone: (_____) _____ - _____

Insurance Information

Will there be a change in Insurance Coverage? ___ Unknown ___ Yes ___ No

Other Information

Other Information: (please provide any other information you think may be relevant or helpful) _____
