



PIN Replacement 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. The form must be completed and returned to the address noted on the form.

Your Name (Please Print):

Last First Middle

Phone Numbers:

Home Phone Work Phone Other Phone

Current Address:

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

Social Security Number:

Case ID or Court Case (Docket) #:

Number County

Attachments Required:

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.

Sign Here: _____

DATE: _____

Mail this Form to:

**MiSDU
Attn: PIN Maintenance
PO Box 30354
Lansing, MI 48909 - 7854**