

STATE OF LOUISIANA
DEPARTMENT OF SOCIAL SERVICES
IN THE INTEREST OF

DOCKET #: _____

JUVENILE COURT

PARISH OF JEFFERSON

STATE OF LOUISIANA

SECTION: " ____ "

VERSUS

LASES #: _____

NOTICE OF CHANGE OF EMPLOYMENT

PLEASE TAKE NOTICE that the undersigned, _____

(defendant/recipient), has changed the following contact information:

Name of Employer

Address of Employer

City State Zip Code

()

Work Phone Number

- I understand that Court and Clerk personnel may use the above address to issue service upon me.
- I understand that I can only change my own employment information, and not that of any other party.
- I understand that giving false information to the Court may subject me to criminal charges.

Signature

PLEASE SERVE BY US MAIL:

DSS/IV-D through
District Attorney's Office

OR

DSS/IV-D through
New Orleans Regional Office