

STATE OF LOUISIANA
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
IN THE INTEREST OF

DOCKET #: _____
JUVENILE COURT

VERSUS

PARISH OF JEFFERSON

STATE OF LOUISIANA

LASES #: _____

SECTION: “____”

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:

DCFS/IV-D through
District Attorney’s Office

OR

DCFS/IV-D through
New Orleans Regional Office