



Commonwealth of the Northern Mariana Islands
Office of the Attorney General

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Saipan, MP 96950

EDWARD MANIBUSAN
Attorney General

LILLIAN A. TENORIO
Deputy Attorney General

CHANGE OF ADDRESS/NAME CHANGE FORM

Your CS Case No.: \_\_\_\_\_ Your S.S.#: \_\_\_\_\_

Name of the Non-Custodial Parent/Custodial Parent \_\_\_\_\_

Your Name \_\_\_\_\_

Your Old Address \_\_\_\_\_

Your New Name (if Applicable) \_\_\_\_\_

Your New Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Effective date on new address: \_\_\_\_\_

In "Care Of" \_\_\_\_\_. Fill in only if you reside with someone with a different last name, including your parents or relatives. The Postal Service may not leave support payments if your name is not listed as a resident, or is not on the mailbox.

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

\_\_\_\_\_  
Your Signature Driver License # Date

Office Use Only:

Processed Date: \_\_\_\_\_ Processor Initials: \_\_\_\_\_

Civil Division
Telephone: (670) 237-7500
Facsimile: (670) 664-2349

Criminal Division
Telephone: (670) 237-7600
Facsimile: (670) 234-7016

Attorney General's Investigation Division
Telephone: (670) 237-7627
Facsimile: (670) 234-7016

Victim Witness Advocacy Unit
Telephone: (670) 237-7602
Facsimile: (670) 664-2349