

Connecticut Department of Children and Families  
**CHANGE OF WORKER OR PARENT'S ADDRESS**

DCF-2152  
 1/19 (Rev.)



Date of Submission:	In RE:	Child's LAST Name:	Child's FIRST Name:	DOB:
		Child's LAST Name (if applicable):	Child's FIRST Name (if applicable):	DOB (if applicable):
		Child's LAST Name(if applicable):	Child's FIRST Name (if applicable):	DOB (if applicable):

**TO: THE SUPERIOR COURT FOR JUVENILE MATTERS**

Address Of Court:

FROM: LAST Name:	FIRST Name:	Phone:
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DCF Office	E-mail:
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**The following changes have occurred regarding the above named case:**

Effective Date of Change:	<b>CHANGE OF WORKER:</b>		
Previous SW LAST Name:	Previous SW FIRST Name:	Previous SW Phone:	
DCF Office:	Previous SW E-mail:		
NEW SW LAST Name:	NEW SW FIRST Name:	NEW SW Phone:	
NEW DCF Office:	NEW SW E-mail:		

Effective Date of Change:	<b>CHANGE OF ADDRESS OF PARENT(S)</b>				
Mother's LAST Name:	Mother's FIRST Name:	Father's LAST Name:	Father's FIRST Name:		
Previous Address (No. and Street):	Apt #:	City:	State:	Zip:	
NEW Address (No. and Street):	Apt #:	City:	State:	Zip:	
Mother's NEW Phone (If applicable):	Mother's NEW E-mail (If applicable):	Father's NEW Phone (If applicable):	Father's NEW E-mail (If applicable):		