CHANGE OF ADDRESS

NAME: ____________________________________________________________

CASE NUMBER: ____________________________________________________

OLD ADDRESS: ______________________________________________________

____________________________________________________________________

NEW ADDRESS: ______________________________________________________

____________________________________________________________________

PHONE NUMBER: ____________________________________________________

EMAIL: ____________________________________________________________

SIGNATURE: _________________________________________________________

DATE: ____________________________

Note: A Change of Address form must be submitted by the person whose address is to be changed. It may be submitted in person at the Clerk of Courts Office or by mail. If the form is submitted in person, proof of identification will be required. If the form is submitted by mail, it must be notarized in the space below. If the form is mailed without having been notarized, the change of address request will not be accepted. Change of address will not be accepted by fax.