

**CHANGE OF ADDRESS AND/OR CHANGE OF NAME (Please Print Legibly)**

DOCKET NO: \_\_\_\_\_ JUDGE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OTHER PARTY'S NAME IN THIS CASE: \_\_\_\_\_

**CHANGE OF ADDRESS**

NEW ADDRESS: \_\_\_\_\_  
Number Street Apt. No.

\_\_\_\_\_ P.O. Box Number

\_\_\_\_\_ City State Zip Code

HOME PHONE NO: \_\_\_\_\_ CELL PHONE NO: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_  
Number Street

\_\_\_\_\_ City State Zip Code

**CHANGE OF NAME - PLEASE NOTE: You must provide a copy of one of the following: State Driver's License, State I.D. Card, or Marriage License**

PREVIOUS NAME: \_\_\_\_\_

CURRENT NAME: \_\_\_\_\_

**YOUR SIGNATURE IS REQUIRED FOR PROCESSING:**

\_\_\_\_\_  
**SIGNATURE** DATE: \_\_\_\_\_