

CHANGE OF ADDRESS FORM

NAME: _____

TIN Number: _____ I have no TIN _____ (Federal Tax Identification Number - Do not put your law firm TIN unless you are a solo practitioner.)

MAILING/BILLING ADDRESS:

This address is public record. It is printed in the Maryland Lawyers' Manual, made available to Pro Bono and IOLTA and placed on the CPF website.

BUSINESS NAME: _____

SUITE/APT/UNIT: _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

COUNTY: _____

SECONDARY:

This address is kept confidential and cannot be used as a mailing address

BUSINESS NAME: _____

SUITE/APT/UNIT: _____

STREET: _____

CITY: _____

STATE: _____ ZIP CODE: _____

WORK PHONE: (To be published) _____

HOME PHONE: (Kept private) _____

EMAIL ADDRESS: _____

YOUR SIGNATURE: _____

****ALL UPDATES AND CHANGES MAY BE DONE ON OUR WEBSITE AT****

www.mdcourts.gov/cpf/index.html

This form may also be faxed or mailed to us at:

Client Protection Fund of the Bar of Maryland

200 Harry S. Truman Pkwy, Ste 350

Annapolis, MD 21401

Facsimile No: 410-897-0555