

Mark this box if this form contains Restricted Information.



CIRCUIT COURT FOR _____, MARYLAND
City/County

Located at _____ Case No. _____
Court Address

Plaintiff _____ Defendant _____
Street Address _____ vs. Street Address _____
City, State, Zip _____ Telephone _____ City, State, Zip _____ Telephone _____

ADDRESS CHANGE REQUEST

MDEC counties only: If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission, and check the Restricted Information box on this form.

Name: _____

Civil Domestic Criminal Trial/Hearing Date: _____

Please update the record in this case to reflect my correct/new mailing address.

I am the:

Plaintiff Defendant Witness Other (Specify): _____

My OLD address was: _____
Address
Suite/Apartment #
City State Zip

My NEW address is: _____
Address
Suite/Apartment #
City State Zip

Signature _____ Date _____
Print Name _____
Telephone _____
E-mail _____

CERTIFICATE OF SERVICE

I certify that I served a copy of this request upon the following party or parties by mailing first class mail, postage prepaid hand delivery, on _____ to:
Date

Name _____ Address _____
Name _____ Address _____
Date _____ Signature of Party Serving _____