

CHANGE OF ADDRESS FORM

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

TIN Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - or - I have no TIN \_\_\_\_\_

(Federal Tax Identification Number - Do not put your law firm TIN unless you are a solo practitioner)

PRIMARY/BILLING ADDRESS:

SHOULD THIS ADDRESS BE PUBLIC<sup>1</sup> OR CONFIDENTIAL: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

SUITE/APT/UNIT: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

ALTERNATE (this address is not published and also cannot be used as your billing address):

BUSINESS NAME: \_\_\_\_\_

SUITE/APT/UNIT: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

WORK PHONE : \_\_\_\_\_ Confidential y/n : \_\_\_\_\_

FAX NO.: \_\_\_\_\_ Confidential y/n : \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ Confidential y/n: \_\_\_\_\_

MOBILE NO.: \_\_\_\_\_ Confidential y/n: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Confidential y/n: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

\*\*\*\*ALL UPDATES AND CHANGES MAY BE DONE AT\*\*\*\*  
[HTTPS://JPORTAL.MDCOURTS.GOV/AISATTORNEYPORTAL](https://jportal.mdcourts.gov/aisattorneyportal)

This form may also be faxed or mailed to:  
Client Protection Fund of the Bar of Maryland  
200 Harry S. Truman Pkwy, Ste 350  
Annapolis, MD 21401  
Facsimile No: 410-897-0555

<sup>1</sup> Public information is printed in the Maryland Lawyers' Manual, made available to Pro Bono and IOLTA and published on the Court's website.  
Revised 4/2018