

Mark this box if this form contains Restricted Information.



**DISTRICT COURT OF MARYLAND FOR**

City/County

Located at

Court Address

Telephone

STATE OF MARYLAND  
OR

Case No.

vs.

Plaintiff

Defendant

**ADDRESS CHANGE REQUEST**

Unless you are filing into a restricted case type (Adoption, Emergency Evaluation, Extreme Risk Protective Order (ERPO), Guardianship, Juvenile, Gender Declaration), 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:

Criminal  Traffic  Civil

Trial/Hearing Date:

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

I am the:

Defendant  Witness  Complainant  Plaintiff  Petitioner  Respondent  Other (*specify*):

My OLD address was:

Address

Suite/Apartment #

City

State

Zip

My NEW address is:

(if P.O. Box is given, must also provide street address)

Address

Suite/Apartment #

City

State

Zip

Signature

Date

Print Name

Telephone

**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 \_\_\_\_\_ Date to:

Name

Address

Name

Address

Date

Signature of Party Serving