

Mark this box if this form contains Restricted Information.



CIRCUIT COURT FOR _____, MARYLAND

Located at _____ City/County Telephone _____

Court Address _____ Case No. _____

Plaintiff _____ vs. Defendant _____

Street Address _____ Street Address _____

City, State, Zip _____ Telephone _____ City, State, Zip _____ Telephone _____

ADDRESS CHANGE REQUEST

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:

_____ Street Address

_____ Suite/Apartment #

_____ City, State, Zip

My NEW address is:

_____ Street Address

_____ Suite/Apartment #

_____ City, State, Zip

_____ Telephone Number _____ Signature _____ Date _____

_____ E-mail _____ Fax _____ Printed Name _____

CERTIFICATE OF SERVICE

I certify that the following party, parties, or attorney(s) was/were served with a copy of this Address Change Request as indicated:

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ Date _____ hand delivery on _____ Date _____

service on registered user via MDEC system on the effective date of filing.

Person served (note if attorney): _____

Address of the person served: _____

Service method: first-class mail on _____ Date _____ hand delivery on _____ Date _____

service on registered user via MDEC system on the effective date of filing.

_____ Date _____ Signature _____ Attorney Number _____

For additional person(s) served, please attach completed form CC-DC-128 (Certificate of Service).