

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 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).