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| MDEC ADDRESS CHANGE FORM |
| *In order to have your data entered correctly into Odyssey (MDEC) the following information is required:* |
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| **Client Protection Fund Number:** |  | **Don’t Know:** |  | **\*** |
| ( If you do not know your Client Protection Fund Number, you can find it in the Client Protection Fund’s attorney listing online at <http://mdcourts.gov/lawyers/attylist.html>) |
|  |
| **Last Name** |  |  | **Maiden Name:** |  |
| **First Name:** |  |  |
| **Middle Initial:** |  |
| **Suffix:** |  |
| **Former Name: (if name change)** |  |  |
|  |
| **Provide an address for Court Correspondence:** |
| **Line 1** |  |  |  |
| **Line 2** |  |
| **Line 3** |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Do you require your address to be kept confidential:** | **Yes:** |  | **No:** |  |
|  |
| **Work Telephone #:** |  |  |
| **Fax #:** |  |
| **Cell Phone #:** |  |
| **Email Address:** |  |
| **Do you have a District Court Civil Attorney Code?** | **Yes:** |  | **No:** |  | **Don’t know:** |  | **\*** |
| **Do you practice in Circuit Court?** | **Yes:** |  | **No:** |  |  |
|  |
| **\*** We will research these numbers if you are unable to provide them.Note: This form is only used to update the MDEC database. Please submit a change of address in all of your pending cases to ensure that the court is aware of the change and that case parties are notified.PLEASE EMAIL: **mdcourts@service-now.com** |