

Mark this box if this form contains Restricted Information.



DISTRICT COURT OF MARYLAND FOR _____

City/County

Located at _____

Court Address

Case No _____

STATE OF MARYLAND
OR

vs.

Plaintiff

Defendant

ADDRESS CHANGE REQUEST

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