



DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
Court Address

STATE OF MARYLAND

OR

Plaintiff vs. _____
Defendant

ADDRESS CHANGE REQUEST

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