

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	CHANGE IN CONTACT INFORMATION FOR SERVICE	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

Plaintiff(s)/Petitioner(s)	v	Defendant(s)/Respondent(s)
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In the matter of _____

Instructions: Use this form to report changes in contact information for the purposes of service. Complete all sections that apply. The completed form must be filed and served in accordance with MCR 2.107(C) or MCR 1.109(G)(6)(a), as applicable. Do not use this form to update confidential contact information.

1. My name

My current name _____

My name has changed.

My former name _____

2. I am a party or attorney for a party.

3. My new or corrected physical address is:

Street address		
City	State	Zip

4. My new or corrected mailing address is:

Street address		
City	State	Zip

5. My new or corrected telephone number is:

I do not have a telephone number

Area code and telephone number _____

6. My new or corrected e-mail address is:

I do not have an e-mail address

E-mail address _____

Date _____

Signature _____