

SMALL CLAIMS CHANGE OF ADDRESS FORM

Case Number(s):

Party's Name:

New Address

Street/PO Box

Apt: #

City

State

Zip Code

Email Address

* By providing your email address, you authorize the Court and the Clerk to communicate with you exclusively by email as permitted by law. *

Other:

Date of Change:

Name of Submitting Party:

Plaintiff

Defendant

Announced in Open Court

Provided to Mediator in Non-Mediator
Administrative Capacity