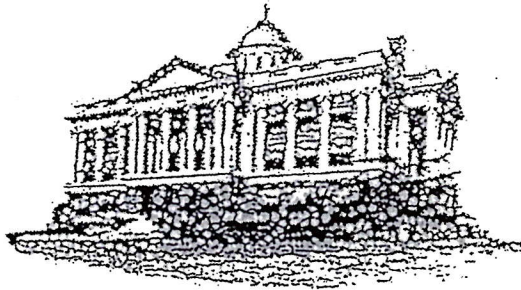


TERESIA COKER  
District Clerk  
Telephone: (903) 723-7412



500 North Church Street Rm18  
Palestine, Texas 75801

PALESTINE, TEXAS 75801

### DEFENDANT'S CHANGE OF ADDRESS FORM

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

HOME - PHONE: \_\_\_\_\_

CELL - PHONE: \_\_\_\_\_

ICERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT IT IS MY SOLE RESPONSIBILITY TO NOTIFY THE DISTRICT CLERK'S OFFICE OF ANY ADDRESS CHANGES, AND THAT MY FAILURE TO DO SO MAY RESULT IN MY BEING ARRESTED. This is your notice that by signing this change of address, you Acknowledge, that your address will be updated with all department that have access to Odyssey.

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERSON TAKING INFORMATION

\_\_\_\_\_  
DATE

DISTRICT CLERKS USE

CASE NUMBER \_\_\_\_\_

**WARNING:** Without the advice and help of an attorney, you may be putting yourself, your personal property, and your money at risk. To get a referral to an attorney, call the State Bar of Texas Lawyer Referral Information Service at 1-800-252-9690. If you are a victim of domestic violence, or if at any time you feel unsafe, you can get confidential help from the National Domestic Violence Hotline at 1-800-799-7233 or legal help from the Texas Advocacy Project Family Violence Legal Line at 1-800-374-4673.

(Print your answers in blue ink)

Cause Number: \_\_\_\_\_

Petitioner: \_\_\_\_\_

*(Print first, middle, and last name of the spouse  
who filed suit)*

In the *(check one)*:

District Court

County Court at  
Law of:

And

\_\_\_\_\_  
*(Court Number)*

Respondent: \_\_\_\_\_

*(Print first, middle, and last name of other spouse)*

\_\_\_\_\_  
*(County)*

County, Texas

## Notice of Change of Address

I, \_\_\_\_\_, certify that I am party to the above-styled  
*(Print your name)*  
cause. My address has changed. I request that the Court's records be updated accordingly.

My new address is as follows:

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Facsimile*

\_\_\_\_\_  
Party's Signature *(Sign your name)*

\_\_\_\_\_  
Party's Signature *(Sign your name)*

\_\_\_\_\_  
Date