

**Toledo Municipal Court  
Change of Address Form**

Civil                       Criminal/Traffic

Attorney       Defendant       Plaintiff       Witness/Victim

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
(Required for Defendant on Criminal and Traffic cases)

**Case Number or Defendant Name** \_\_\_\_\_  
(Required if Victim on a case)

**Email:** \_\_\_\_\_

**Old Address:** \_\_\_\_\_  
(Number and Street Name)

\_\_\_\_\_  
(P.O. Box or Apartment No.)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(Phone Number)

**New Address:** \_\_\_\_\_  
(Number and Street Name)

\_\_\_\_\_  
(P.O. Box or Apartment No.)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(Phone Number)

**Please change all records to reflect the above changes.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**If Attorney, Supreme Court Number**