

**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