## IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI AT $\hfill \Box$ KANSAS CITY $\hfill \Box$ INDEPENDENCE

## **Civil Division**

	CIVII DIVISION	
VS.		ee Number
	 ADDRESS/CONTACT INF	FORMATION
Name:		
I certify that I am the above named(check of	one):	
☐ Petitioner/ Plaintiff	Attorney for Petitioner/ Plaintiff	
Respondent/ Defendant	Attorney for Respondent/ Defendant	
Other Interested Party	Attorney for Other Interested Party	
Type of Change:  Correction  Updat	e/Change of Address	dditional Contact Information
Previous Address		
Address:		
City:		
Last Name:		
First Name:	Middle Name:	
Address:		
City:		Zip:
*Email Address:		
*Phone Number:		
The undersigned swears that the matters set undersigned's best knowledge and belief, s		
Signature:		Date:

Form 10444 (Rev. 10/2021)

<sup>\*</sup>Recommended in order to facilitate communication via email, teleconference, and/or video conference, in the event that those mechanisms of communication become necessary.