

CHANGE OF ADDRESS FORM

Department of Criminal Records
Circuit Court of Jackson County, Missouri
Kansas City fax: (816) 881-3420 / Independence fax: (816) 881- 4691

Requestor's Name _____

Case Number _____

*I certify that I am the (check one): Defendant Victim Attorney
Bond Assignee Other _____

(*NOTE: You are not authorized to change any address other than your own.)

OLD ADDRESS

Street Address _____

City _____ State _____ Zip _____

NEW ADDRESS

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Mobile/Other Phone (____) _____

My case was heard in: Kansas City Independence

I acknowledge that the above information is true and correct.

SIGNATURE OF REQUESTOR

DATE

If your case was heard in Kansas City, mail or fax to:

Department of Criminal Records
1315 Locust
Kansas City, MO 64106
(FAX) 816-881-3420

If your case was heard in Independence, mail or fax to:

Department of Criminal Records
308 W. Kansas Suite 310
Independence, MO 64050
(FAX) 816-881-4691