CHANGE OF ADDRESS FORM

Department of Criminal Records 16th Judicial Circuit Court, Jackson County, Missouri Kansas City fax: (816) 881- 3420 / Independence fax: (816) 881- 4691

| *I certify that I am the (check one): | ☐Defendant☐Other | □Attorney | □Bond Assignee | □Victim |
|---|------------------|--|----------------|---------|
| *NOTE: You are not authorized to char | nge any addres | s other than y | our own. | |
| Name | | | | |
| Case Number | | | | |
| Case was heard in: □Kans | sas City | □Independ | lence | |
| <u>PREVIOUS ADDRESS</u> | | | | |
| Street Address | | | | |
| City | | _ State | Zip | |
| NEW ADDRESS | | | | |
| Street Address | | | | |
| City | | _ State | Zip | |
| Home Phone () | Mobi | ile/Other Phor | ne () | |
| Email address | | | | |
| I acknowledge that the above informati | on is true and c | correct. | | |
| SIGNATURE | | _ | 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 | | |