

STATE OF INDIANA)
) SS:
ST JOSEPH COUNTY)

IN THE ST JOSEPH SUPERIOR COURT
SMALL CLAIMS DIVISION, SOUTH BEND
CAUSE NO.:

_____,)
Plaintiff(s))
 vs.)
)
_____,)
Defendant(s))

REQUEST TO CHANGE CONTACT INFORMATION

I affirm under the penalties of perjury that the following is true and accurate:

I am the (check one box):

- Plaintiff(s) or
- Defendant(s)

My contact information has changed. I am asking that the clerk change my contact information to:

As indicated below, I am mailing a copy of this document to the other party.

Respectfully submitted,

Signature

First and Last Name (printed neatly)

CERTIFICATE OF SERVICE

By signing below, I acknowledge that I mailed a copy of this document on _____, 20_____
(date) to the other party at the following address:

Signature