

ROLL OF ATTORNEYS INFORMATION

CHANGE OF ADDRESS FORM*

NAME: _____

ATTORNEY NUMBER: _____

I wish to change my business and/or home address on the Roll of Attorneys to the following:

Business address

Home address

Business phone number

Home phone number

Fax number

Fax number

Email

Email

Signature

Printed Signature

Date

*Please either fax or mail this form to the Roll of Attorneys Clerk at the following address.

Fax: 317-232-7799.

Clerk of the Supreme Courts
Attn: Roll of Attorneys
402 West Washington Street
Room W062
Indianapolis, IN 46204