

COLLIN COUNTY TEEN COURT

NOTICE OF ADDRESS CHANGE

Please complete the entire form, even if the information has not changed. PRINT LEGIBLY.

Defendant's Name: _____

Cause No.: _____

New Address:

Phone Number: _____ 2nd Phone Number: _____

School: _____

Other Contact Information: _____

Defendant's Certification

I, the above named defendant, certify that the contact information stated herein is true and correct. I also understand that I am responsible for correspondence sent to me using the above information.

Date: _____

Signature of Defendant

Parent/Guardian Certification

I, _____, the parent/guardian of the above named defendant, hereby certify that the contact information is true and correct for said defendant.

Date: _____

Signature of Parent/Guardian

FOR OFFICE USE ONLY:

Received on: _____ . Processed on: _____

Signature of Teen Court Coordinator