

Central Municipal Court of Atlantic County

**CHANGE OF ADDRESS FORM**

**TYPE IN INFORMATION**

<b>TYPE IN INFORMATION</b>				
Last Name		First Name		Middle Name
Summons and/or Complaint Number (if unknown, please <a href="#">Click Here</a> to complete a Case Search)			Pending Court Date	
New Address (Street)		City		State Zip Code
Email Address:		Cell Phone #:		Home Phone #:
Date of Birth (m/d/yr)		Social Security #		
Do you need an Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify Below) <b>Language:</b> _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Answer		
Americans with Disabilities Act (ADA): Call the phone number listed above to request an accommodation at any time.				
<b>FOR JUDICIARY USE ONLY</b>				
Address Updated in System On (Insert Date):		Address Updated in System by User:		