

Verification of Information

Case #(s) _____

Name: _____

Date of Birth: _____

Last four of SSN: _____

Email Address: _____

Physical Address:

Mailing Address:

Cell Number: _____

Home Number: _____

I, the undersigned, hereby state that my contact information listed above is correct. If I move or my information changes, I will notify this office within 10 days with my new contact information so that my records can be updated.

Date

Defendant Signature

Date

Deputy Clerk