**IN THE CIRCUIT COURT OF _____ , MISSOURI**
*(County where court is located. City of Saint Louis is considered a county.)*

_____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
**Petitioner,** *(Enter full legal name of the person who filed the original petition)*

**v.**

_____ _____ _____ _____
*(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*
**Respondent.** *(Enter full legal name of the person who responded to the original petition)*

**Case Number** _____
*(Use number from pending case)*

**Division Number** _____
*(Use number from pending case)*

# Notice of Change of Address

**Important Warning**
Your address will **not** be changed in the court's records and you will continue to receive mail from the court at your old address until you complete and sign this form and file the completed form with the court.

Your mailing address is not necessarily the same as the address at which you live. If you do not wish to give the address at which you live, you **must** still give the court and the other party a mailing address. Because court actions are a matter of public record, the address you list will be available to the public.

1. My full name is:

   _____ _____ _____ _____
   *(First Name)* *(Middle Name)* *(Last Name)* *(Jr./Sr./III)*

2. I am *(Check one of the three boxes)*
   - ☐ the Petitioner in this case.
   - ☐ the Respondent in this case.
   - ☐ other _____

3. My new mailing address is:

   _____
   *(Street)*

   _____ _____ _____
   *(City)* *(State)* *(Zip)*

   _____ _____
   *(Telephone Number with Area Code)* *(E-mail Address Optional)*

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

## Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify that on _____ (date) I have sent/given a copy of this *Notice of Change of Address* to each of the following parties at the address shown:

| Name | Address: U.S. mail/e-mail/fax number |
|---|---|
| | |
| | |
| | |
| | |

▶ _____ _____

*(Sign above)* *(Print your name above)*

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV