

NOTICE OF CHANGE OF ADDRESS

IN THE SUPREME COURT OF OHIO

_____:

v.

Case No. _____

_____:

NOTICE OF CHANGE OF ADDRESS

Effective this date _____, my address will change to:

Name

Name of Correctional Institution (if applicable)

Address

City, State & Zip Code

I certify that I am sending a copy of the form, on this date, to all other parties in compliance with S.Ct.Prac.R.3.11(C).

Signature

Date

Note: For attorneys registered to practice in the State of Ohio a change of address must be filed with the Office of Attorney Services. This can be done at <https://www.supremecourt.ohio.gov/attorneyportal>.