

**Attorney Services
Change of Information and Replacement Card Request Form**

Attorney registration number _____

Attorney name _____

Section I. Change of Attorney Name

Please change my name on record with the Office of Attorney Services to the name listed below. Name change request should be accompanied by a copy of the name change order, such as marriage license, divorce decree, and probate order.

New attorney name

<i>First Name</i>	<i>Middle/1</i>	<i>Middle/2</i>	<i>Last Name</i>
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Section II. Change or Verification of Attorney Address

Please change or verify my address(es) as specified below.

Residence Address	Business or Firm Name
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	Title or Position
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City	County	Business or Firm Address
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State	Zip	City	County
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E-mail address	State	Zip
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Service E-mail address _____

Fax Number	Business or Firm Phone
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Section III. Request for Replacement Card

Please issue a replacement attorney registration card.

I am requesting a replacement card because (check one):

- I have a change of name.
- The card issued for the current biennium has been lost or destroyed.

I certify that the information I am providing on this form is true and accurate.

Signature of Attorney (Required) _____ Date