

THE SUPREME COURT *of* OHIO

OFFICE OF ATTORNEY SERVICES

CHANGE OF INFORMATION AND REPLACEMENT CARD REQUEST FORM

Name changes and gender changes must be mailed with supporting documentation of the requested change. Changes to addresses, emails, and phone number can be made online on the Attorney Portal at: www.supremecourt.ohio.gov/attorneyportal.

ATTORNEY REGISTRATION NUMBER ATTORNEY NAME

SECTION I. CHANGE OF 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.

FIRST NAME MIDDLE/1 MIDDLE/2 LAST NAME

SECTION II. CHANGE OF GENDER

Please change my gender on record with the Office of Attorney Services to: Male or Female . Gender change requests must be accompanied by a copy of a state-issued driver's license or state-issued birth certificate matching the gender marker requested.

SECTION III. CHANGE OF ADDRESS

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

RESIDENCE

ADDRESS
CITY COUNTY
STATE/COUNTRY ZIP

BUSINESS

BUSINESS OR FIRM NAME
TITLE OR POSITION
BUSINESS OR FIRM ADDRESS
CITY COUNTY
STATE/COUNTRY ZIP
BUSINESS PHONE NUMBER

EMAIL

EMAIL
SERVICE EMAIL

SECTION IV. REQUEST FOR REPLACEMENT CARD

Please issue a replacement attorney registration card for the following reason:

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

CERTIFICATION: PHYSICAL SIGNATURE IS REQUIRED (DIGITAL SIGNATURE NOT ACCEPTED)

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

SIGNATURE OF ATTORNEY

DATE