
ROLL OF ATTORNEYS INFORMATION

CHANGE OF ADDRESS FORM*

NAME: _____

ATTORNEY

NUMBER: _____

I wish to change my (business and/or home) address with the roll of attorneys, Clerk of the Supreme Court.

Business address

Home address

Business phone number

Home phone number

Fax number

Signature

Date

*Please either fax or mail this form to the roll of attorneys. The fax number is 317/232-8365. The address is Clerk of the Courts, Attention: roll of attorneys, 200 West Washington Street, 217 State House, Indianapolis, IN 46204.
