



## Josephine County Circuit Court Change of Contact Information

- This form applies **ONLY** to the case numbers listed.
- YOU are responsible for notifying the court if any of this information changes. You may do this by filling out & returning this form to the court, or by filling out the **Online Contact Information Update** form by visiting [www.courts.oregon.gov/courts/josephine/records/Pages/ContactInformationUpdate.aspx](http://www.courts.oregon.gov/courts/josephine/records/Pages/ContactInformationUpdate.aspx)
- You are responsible for checking your voicemail and/or email (and junk folder) for time sensitive notifications from the court.
- This form may be returned to the court in the following ways:

**Mail to:**

Josephine County Circuit Court  
500 NW 6<sup>th</sup> Street Dept 17  
Grants Pass OR 97526

**Deliver in person at:**

Josephine County Circuit Court  
510 NW 5<sup>th</sup> St (2<sup>nd</sup> floor)  
Grants Pass OR 97526

**OR**

Josephine County Family Court  
310 NW F St (2<sup>nd</sup> floor)  
Grants Pass OR 97526

**Case Number(s):** \_\_\_\_\_

**My Name (First, Middle, Last):** \_\_\_\_\_

I am: ☐ Plaintiff/Petitioner ☐ Defendant/Respondent ☐ Other (*write-in*): \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact (Mailing) Address:** \_\_\_\_\_

☐ New Address

\_\_\_\_\_  
City State Zip Code

**Phone Number(s):** Home: \_\_\_\_\_

Cell: \_\_\_\_\_

☐ **SERVICE:** By checking this box, I understand that this form will only update my contact information with Josephine County Circuit Court on the case(s) listed above. Uniform Trial Court Rule 2.010(13) requires that I notify all other parties and agencies related to this case of my updated information, and I have done so.

**I hereby declare that the above statements are true and complete to the best of my knowledge and belief. I understand they are made for use in court, and I am subject to penalty for perjury.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_