

IN THE GENERAL SESSIONS COURT FOR WILSON COUNTY, TENNESSEE

| PLAINTIFF | <u>—</u> |
|--|-----------------------------|
| VS. | CASE NO: |
| DEFENDANT | |
| | E OF ADDRESS CHANGE |
| PLEASE TAKE NOTICE THAT THE CONTACTION HAS CHANGED. THE FOLLOWING UPDATED FOR ALL FUTURE CORRESPONDENCE. | |
| FROM: | TO: |
| [ADDRESS] | [Address] |
| [APARTMENT / SUITE #] | [APARTMENT/ SUITE#] |
| [CITY / STATE / ZIP CODE] | [CITY/ STATE/ ZIP CODE] |
| | [PLAINTIFF] [OR] [DEFENDANT |
| | [ADDRESS / SUITE #] |
| | [CITY/ STATE / ZIP CODE] |
| SWORN TO AND SUBSCRIBED BEFORE ME, THIS, 2018 | [TELEPHONE NUMBER] |
| MY COMMISSION EXPIRES: | |
| | [CLERK/NOTARY] |

BRING THE ORIGINAL COMPLETED SIGNED FORM TO THE WILSON COUNTY JUDICIAL CENTER AT 134 S COLLEGE ST., LEBANON, TN 37087 TO BE FILED WITH THE COURT THEN CERTIFY SERVICE TO THE OTHER PARTIES BELOW:

CERTIFICATE OF SERVICE

| I hereby certify that a copy of the foregoing $NOTICE$ was mailed/hand-delivered to: | |
|--|-------------------------------|
| ON THIS DAY OF20_ | |
| - | PLAINTIFF / DEFENDANT / CLERK |

IF YOU ARE THE PLAINTIFF OR DEFENDANT, YOU MUST COME IN PERSON AND SHOW YOUR IDENTIFICATION



TO REQUEST AN ADA ACCOMMODATION, PLEASE CALL (615)444-2042.