



IN THE JUVENILE COURT FOR
WILSON COUNTY, TENNESSEE

PLAINTIFF

VS.

CASE NO: _____

DEFENDANT

**NOTICE OF ADDRESS
CHANGE**

PLEASE TAKE NOTICE THAT THE CONTACT INFORMATION FOR: _____
HAS CHANGED. THE FOLLOWING UPDATED CONTACT INFORMATION SHOULD BE USED
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]

[TELEPHONE NUMBER]

SWORN TO AND SUBSCRIBED BEFORE ME, THIS
_____, 2018

MY COMMISSION EXPIRES:

[CLERK / NOTARY]

BRING THE ORIGINAL COMPLETED SIGNED FORM TO THE WILSON COUNTY
CRIMINAL JUSTICE CENTER AT 115 EAST HIGH 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 OF _____ 20__.

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.