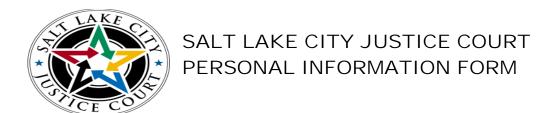
| Case number: | |
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To ensure that the Court's records are current, you are required to complete the following affidavit. Please note the Court may communicate with you via e-mail and/or text.

| COMPLETE NAME (Printed): | | |
|--|---------------|---------------------|
| Date of Birth (mm/dd/yy):// | | |
| Driver's License Number or State ID: | State issued: | _ Soc. Sec. Number: |
| Contact Address: | | |
| City, State, Zip Code | | |
| Telephone Number (Mobile): | (Home): | (Work): |
| E-mail: | | |
| Family, Friend or Work Contact (Name): | | |