

# Franklin County Municipal Court Attorney Change of Information Form

(Complete and submit by mail, FAX, or e-mail to below address)

Modify Existing Sup. Ct. Reg. No.

Assign New Sup. Ct. Reg. No.

Sup. Ct. Reg. No. (if other than Ohio please indicate): \_\_\_\_\_

Name: \_\_\_\_\_

Firm ( if any): \_\_\_\_\_

Address: \_\_\_\_\_

Box No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Reference case number(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail, FAX, or e-mail to:**  
Franklin County Municipal Court  
Assignment Office  
375 South High Street, 9<sup>th</sup> Floor  
Columbus, Ohio 43215  
Fax: (614) 645-8004  
**wilsond@fcmclerk.com**