

CONTACT INFORMATION

DEFENDANT

NAME: _____ CELL #: _____
ADDRESS: _____ HOME #: _____
CITY/ST/ZIP _____
MAILING ADDRESS: _____ E-MAIL: _____
CITY/ST/ZIP _____

If under age 17, provide parent/guardian contact information:

PARENT/GUARDIAN NAME: _____ SOCIAL SECURITY #: _____
ADDRESS: _____ OTHER #: _____
CITY/ST/ZIP _____ PHONE #: _____
MAILING ADDRESS: _____
CITY/ST/ZIP _____ E-MAIL ADDR.: _____

EMPLOYER

EMPLOYER: _____ PHONE #: _____
ADDRESS: _____ [] FULL TIME [] PART-TIME

YOUR INITIAL BY EACH OF THE FOLLOWING STATEMENTS INDICATES THAT YOU HAVE READ THE STATEMENT, UNDERSTAND IT AND AGREE TO IT.

_____ I UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION UNTIL MY CASE IS DISPOSED TO NOTIFY THE COURT OF ANY CHANGES IN MY CONTACT INFORMATION.

_____ I understand that submitting false information to the Court constitutes the crime of tampering with a governmental record, punishable by incarceration and/or the imposition of a fine (Article 37.10 Penal Code).

I swear under oath that the information provided by me is true and correct to the best of my knowledge.

Defendant's signature

Date

Sworn and subscribed to on this the _____ day of _____ 20_____.

Verified by: _____

[] Justice of the Peace

[] Justice Court Clerk

[] Prosecutor