

## Court of Appeals, Division One

### State of Arizona

<p><b>Filer Information</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip Code: _____</p> <p>Telephone: _____</p> <p>Email: _____</p> <p><input type="checkbox"/> I am self-represented <i>(if checked, skip attorney info below)</i></p> <p>Attorney for: _____</p> <p>Law firm name: _____</p> <p>State Bar number: _____</p>	<p><i>For Court Use Only</i></p>
<p>Appellant/Petitioner <i>(party who filed the appeal):</i></p>	<p>Court of Appeals case number:</p> <p>1 CA-</p>
<p>Appellee/Respondent <i>(party responding to the appeal):</i></p>	<p>Court/agency appealed from:</p> <p>Case number(s):</p>
<p><b>Notice of Change of Contact Information</b></p>	

*Use this form to give the Court of Appeals your updated contact information.*

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**Notice of Change of Contact Information**

1. Name of party changing information: \_\_\_\_\_

2. What is your new contact information (*give full address, phone number, and email*):

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

\_\_\_\_\_

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

**Email:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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