

ATTORNEY REGISTER INFORMATION FORM

The District Clerk of Harris County shall maintain a Register of all attorneys practicing in the District Courts and County Criminal Courts of Harris County. The Register shall contain the Attorney's:

a.) BAR NUMBER b.) NAME c.) ADDRESS d.) TELEPHONE NUMBER

It shall be the duty of the Attorney to verify the correctness of the information on said register, and to keep the District Clerk informed as to any changes by filing written notice to update said Register with the District Clerk. The District Clerk shall use this Register for purposes of determining the last known address for delivery of notices as required by the Court, Rules, or Statutes. Notices Required Of The District Clerk Are Automated. Incomplete Address Information Could Result In Failure To Receive Notices Concerning Your Cases.

Please complete this form in order to assist the District Clerk's Office in insuring that you receive computer generated, as well as, manually prepared notices as required by the Court, Rules, or Statutes. **NOTE: A firm with multiple attorneys must identify the name and bar number of each attorney for which they are authorizing an address change, and may prefer using the firm's letterhead.**

Please check applicable box and provide correct information below:

- INITIAL REGISTRATION
- ADDRESS CHANGE
- NAME CHANGE (please give prior name) _____
- FIRM AFFILIATION (please give prior firm) _____
- OTHER (please specify) _____

NAME: _____

TEXAS STATE BAR NUMBER: _____ PHONE NUMBER: _____

area code phone number

FAX NUMBER: _____

area code fax number

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

FIRM AFFILIATION: _____

SIGNATURE: _____ DATE: _____

YOUR SIGNATURE AND BAR NUMBER ARE REQUIRED in order for us to update our records

Please fax this completed form within ten (10) working days to (832)927-0163, or mail to:
MARILYN BURGESS, DISTRICT CLERK
P.O. BOX 4651
HOUSTON, TEXAS 77210
ATTN: Civil Administration