

Debtor Address Change

Please return this form by:
mail: 6851 NE Loop 820 #300
N. Richland Hills Tx 76180
Email: 341docs@ch13ftw.com
Fax: 817-770-8518

Case # _____ Date: _____

Debtor 1 Name: _____

Debtor 2 Name: _____

Old Address:

(street)

(city) (state) (zip)

Debtor 1 New Address:

(street)

(city) (state) (zip)

Consent to receive text messages from Trustee: Yes _____ No _____

Cell #: _____

Consent to receive email messages from Trustee: Yes _____ No _____

Email address: _____

Debtor 2 New Address, if different from Debtor 1 address:

(street)

(city) (state) (zip)

Consent to receive text messages from Trustee: Yes _____ No _____

Cell #: _____

Consent to receive email messages from Trustee: Yes _____ No _____

Email address: _____

Debtor 1 Signature

Debtor 2 Signature