

**Family Drug Treatment Court**



**CONTACT INFORMATION**  
**UPDATE FORM**

Today's Date:

Client Name:

Please write down the address where you live:

New Address:

City:

State:

Zip:

Home Telephone:

Cell Phone:

Message Phone:

Email Address:

Date of move to new  
Address:

Reason for Move:

Signature:

If the above address is different from your mailing address please write down your mailing address:

New Address:

City:

State:

Zip:

**PLEASE RETURN THIS FORM DIRECTLY TO**  
**THE FDTC DRUG COURT COORDINATOR:**

**Edmund Smith Tel #: (425) 388-7887 Fax #: (425) 388-7882**