



SUGARLAND MUNICIPAL COURT

CONTACT INFORMATION UPDATE FORM

Defendant's Full Name _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address (If different) _____

City _____ State _____ Zip Code _____

Email Address _____

Phone Number _____

Signature _____

COURT USE ONLY

Check one

____ In Person ____ Via Email ____ Via Phone ____ Via Mail

Reviewed & process by: _____