# IF YOUR ADDRESS OR TELEPHONE NUMBER CHANGES YOU MUST INFORM THE COURT.

## YOU MAY USE THE ATTACHED FORM.

#### SECOND JUDICIAL DISTRICT COURT

### Local Rule 2-116. Pro se appearance and filings

A. Entry of appearance by parties pro se. Parties who represent themselves shall enter an appearance and shall do so by filing an initial pleading, responsive pleading or other paper that includes their name, address and telephone umber. Parties pro se shall promptly file notice of any change of address or telephone number, and service such on all other parties.

#### **Procedure:**

- 1. Prepare the original Notice of Change of Address. Once completed make enough copies of the Notice for all parties in the case, including yourself. The original Notice should be placed on top of its copies and then paper-clipped together.
- 2. File the original Notice and copies in the Domestic Relations Division, Second Floor, Room 240, of the Bernalillo County Courthouse, located at 400 Lomas Blvd. NW, Albuquerque, NM between the hours of **8:00 AM and 5:00 PM, Monday-Friday.**
- 3. The clerk will file the original Notice and endorse stamp your copies, and will return the copies to you. One copy is for your records, the others are for the opposing party or his/her attorney, and any other parties in the case.

\*You are required to mail the endorsed copies of the Notice to the opposing party or his/her attorney, and any other parties in the case.\*

#### SECOND JUDICIAL DISTRICT COURT COUNTY OF BERNALILLO STATE OF NEW MEXICO

No	
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Petition	er.
2 000000	<del></del> ,
VS.	
Responde	nt.
NOTICE OF CHANGE OF AI	DDRESS/TELEPHONE NUMBER
(prin	t name), the [ ] Petitioner [ ] Respondent,
hereby gives notice of change of address ar	nd/or telephone number.
	•
[ ] Petitioner [ ] Respondent also states the	at he/she is aware that Second Judicial District
Local Rule 2-116 requires that he/she pro-	mptly file notice of any subsequent change of
address or telephone number, and serve suc	ch notice on all other parties.
Date	
	Signature [] Petitioner [] Respondent
	D.1
	Print Name
I hereby certify that a completed	
copy of the foregoing was mailed/	Address
served to the opposing parties and/ or counsel on this day of	
day of 20	City, State, Zip Code
	• • •
Signature of party	Telephone Number
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