

## ATTORNEY REGISTER INFORMATION FORM

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

a.) BAR NUMBER   b.) NAME   c.) ADDRESS   d.) TELEPHONE NUMBER   e.) FAX 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.**

**Please check applicable box and provide correct information below:**

- INITIAL REGISTRATION OR UPDATE**
- ADDRESS CHANGE**
- NAME CHANGE (please give prior name)** \_\_\_\_\_
- FIRM AFFILIATION (please give prior firm name)** \_\_\_\_\_  
\_\_\_\_\_
- OTHER (please specify)** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TEXAS STATE BAR NUMBER:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**FIRM AFFILIATION:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

***YOUR SIGNATURE IS REQUIRED*** in order for us to update our records

**Please fax this completed form within ten (10) working days to (979) 864-1770 - Angleton line; (979) 388-1770 - Brazosport line or (281) 756-1770 Houston line, or mail to: RHONDA BARCHAK, DISTRICT CLERK, 111 E. LOCUST ST., STE. 500, ANGLETON, TX 77515-4678.**