



## CHANGE OF CONTACT INFORMATION Legal Document Preparer Program

*This form can be filled out online and printed.*

Name: \_\_\_\_\_ License #: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### Home Information:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Is the above also your Mailing Address?  Yes  No

### Business Information:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Is the above also your Mailing Address?  Yes  No

### Website Information:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Is the above also your Mailing Address?  Yes  No

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

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**CHANGES OF INFORMATION WILL NOT BE ACCEPTED BY PHONE**