

# Med-Legal, Inc.

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## Change of Address or Boxholder Information (to Serve Legal Process) Request Format

Postmaster _____	Date: _____
City, State, ZIP Code _____	
<b>REQUEST FOR CHANGE OF ADDRESS OR BOXHOLDER INFORMATION NEEDED FOR SERVICE OF LEGAL PROCESS</b>	
Please furnish the new address or the name and street address (if a boxholder) for the following:	
Name: _____	
Address: _____	
<small>NOTE: The name and last known address are required for change of address information. The name, if known, and post office box address are required for boxholder information.</small>	
<small>The following information is provided in accordance with 39 CFR 265.6(d)(4)(ii). There is no fee for providing boxholder information. The fee for providing change of address information is waived in accordance with 39 CFR 265.6(d)(1) and corresponding Administrative Support <i>Manual</i> 352.44a.</small>	
1. Capacity of requester (e.g., process server, attorney, party representing self): _____	
2. Statute or regulation that empowers me to serve process (not required when requester is an attorney or a party acting pro se - except a corporation acting pro se must cite statute): _____ _____	
3. The names of all known parties to the litigation: _____ _____	
4. The court in which the case has been or will be heard: _____	
5. The docket or other identifying number if one has been issued: _____	
6. The capacity in which this individual is to be served (e.g., defendant or witness): _____	
<b>WARNING</b>	
<b>THE SUBMISSION OF FALSE INFORMATION EITHER (1) TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION OR (2) TO AVOID PAYMENT OF THE FEE FOR CHANGE OF ADDRESS INFORMATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE OF UP TO \$10,000 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001).</b>	
<small>I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in conjunction with actual or prospective litigation.</small>	
Signature _____	Address _____
Printed Name _____	City, State, ZIP Code _____
<b>FOR POST OFFICE USE ONLY</b>	
POSTMARK	
NEW ADDRESS OR BOXHOLDER'S NAME AND STREET ADDRESS	
<input type="checkbox"/> No change of address order on file.	_____
<input type="checkbox"/> Moved, left no forwarding address.	_____
<input type="checkbox"/> No such address.	_____
	_____