State of Alabama City of Montgomery

MONTGOMERY MUNICIPAL COURT DEFENDANT / WITNESS LOCATOR &

Case	Num	ber
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Form MMC5 Rev. 4/03 INFORMATIO	N UPDATE FORM			
Defendant / Witness Name:				
Race:	Social Security Numb	oer:		
Driver's License State: Driver's Lice	ense Number:			
Home Address (Street & Apartment #):				
City:	State:	Zip:		
Phone Number: ()				
Employer Name:				
Employer Address (Street):				
City:				
Employer Phone Number: ()				
Name of Nearest Relative Not Living With You:				
Relationship? (Father/Mother/Brother/Sister. Etc.)				
Relative's Home Address (Street & Apartment #):		_		
City:	State:	Zip:		
Phone Number: ()				
Relative's Employer Name:				
Relative's Employer's Address (Street):				
City:	State:	Zip:		
Phone Number: ()				
MONTGOMERY MUNICIPAL COURT				

P.O. BOX 159 MONTGOMERY, AL 36101-0159 (334) 241-2776