

MONTGOMERY MUNICIPAL COURT  
DEFENDANT / WITNESS LOCATOR &  
INFORMATION UPDATE FORM

Defendant / Witness Name: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Address (Street & Apartment #): \_\_\_\_\_

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

Phone Number: (       ) \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address (Street): \_\_\_\_\_

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

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: (       ) \_\_\_\_\_