Accountabili	tv Cou	rt.			
Personnel De	etails ( <b>C</b>	Court contact this form is	for)		
Name:					
Fitle:		Chief Judge		Presiding Judge	
		Associate Judge		Senior Judge	
		Court Coordinator		Court Director	
Email Addre	ss:				
Effective dat	e:				
	Inter				
	Perm	nanent			
Mailing Add	ress:				
Street or P.O	. Box		City	State	
Physical Add	lress:				
Street or P.O	. Box		City	State	
Phone Numb	er:				
Landline (	)				
Mobile (	) -				

A. Delete a person (*person no longer employed/serves in the role*)

Full Name: \_\_\_\_\_

B. Directory/contact correction

- $\Box$  Change of position or job title
- □ Name Change/Correction (*please list former name*): \_\_\_\_\_
- □ Telephone number update
- □ Email address update

Effective date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit the completed form using the link provided on the CACJ website directory page.