

# ATTORNEY REGISTER INFORMATION FORM

The District Clerk of Galveston County shall maintain a Register of all attorneys practicing in the District Courts of Galveston County. The Register shall contain the attorney's: **Bar Number, Name, Address, and Telephone Number.**

It shall be the duty of the Attorney to verify that the information on the Register is correct and to keep the District Clerk informed as to any changes by filing written notice to update said Register with the District Clerk. The District Clerk shall use this Register for purposes of determining the last known address for delivery of notices as required by the Court, Rules, or Statutes. The notices required of The District Clerk are automated. Incomplete address information could result in failure to receive notices concerning your cases.

**Please complete this form in order to assist the District Clerk's Office in insuring that you receive computer generated, as well as, manually prepared notices as required by the Court, Rules, or Statutes. Note: A firm with multiple attorneys must identify the name and bar number of each attorney for which they are authorizing an address change, and may prefer using the firm's letterhead.**

Please check applicable box and print correct information below:

- Initial Registration  
 Address Correction  
 Name Change - My prior name was: \_\_\_\_\_  
 Firm Affiliation – My prior firm name: \_\_\_\_\_  
 Other (please specify): \_\_\_\_\_

**Please print**

**Name:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I)

**Texas State Bar#:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

**Firm Affiliation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(required for processing)

**Please send completed form to:**

**JOHN D. KINARD**

Galveston County District Clerk  
600 59th Street, Room 4001  
Galveston, Texas 77551-2388