City of Dallas

Verification of Contact Information Form

This form must be filled out and signed by the person who received the citation.
Please **PRINT** the following information:

Name: _____ Date of Birth: _____

Former Name: _____

Citation Number (s): _____

Driver's License / State ID #: _____ State: _____

Cell Phone: _____ Home Phone: _____

I would like to receive text for official Court notices. **(Please check one)**: ☐ Yes ☐ No

Email Address: _____

I would like to have my paperwork **emailed** instead of mailed. **(Please check one)**: ☐ Yes ☐ No
(The Court will send the paperwork by a no-reply email – You are **NOT** able to turn in paperwork by email.)

Home Address: _____

City: _____ State: _____ Zip: _____

If the mailing address is different than the home address, please fill out the mailing address information:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Do you require a language translator or accommodation under the Americans with Disabilities Act (ADA) for in-person or virtual hearings? **(Please check one)**: ☐ Yes ☐ No

If yes, what language is required, or provide detailed information about the accommodation (i.e., translator, ASL interpreter, UbiDuo, large print, etc.) Please be specific about what you are requesting: _____

I understand that any paperwork the Court sends to me will be mailed to the address that I have provided the Court. If my address changes, I will contact the Court by mail or in person to provide the updated information within ten (10) days.

I, (Print Name) _____, verify, under penalty of perjury under the laws of the United States of America, that the above information is true and correct.

Defendant Signature: _____ Date: _____