



ATTORNEY REGISTRATION AND DISCIPLINARY COMMISSION
of the
SUPREME COURT OF ILLINOIS

ARDC CHANGE OF REGISTRATION ADDRESS FORM

Attorney Number: _____

Attorney Name (last/first/middle): _____

Date of Birth: _____

NEW BUSINESS ADDRESS*

Business Name: _____

Address: _____

City: _____

State: _____ Zip: _____

County: _____

Telephone: _____

Fax: _____

Email: _____

NEW HOME ADDRESS*

Address: _____

City: _____

State: _____ Zip: _____

County: _____

Telephone: _____

Fax: _____

Email: _____

Signature: _____ Date: _____

If you wish to have your annual registration materials sent to your home address rather than your business address, please check here:

If you wish to have any other mail from the ARDC sent to your home address rather than your business address, please check here:

*** In the absence of a business address, your home address will be considered public information and will be available upon inquiry to the ARDC, and depending upon your registration status, by search on the ARDC website.**