

CHANGE OF HOME / BUSINESS ADDRESS

(In-House Counsel)

**** For attorneys admitted to practice pursuant to Rule 1:27-2****

APPLICANT ID NUMBER: IHC: _____

Name: _____

Effective Date of Change: _____

Old Business: _____

Company Name

Address

City

County

State

Zip Code

New Business: _____

Company Name

Address

City

County

State

Zip Code

New Phone Number: _____

New E-mail Address: _____

(confirmation will be provided via e-mail)

Signature: _____ Date: _____

Complete and send to:

E-mail: barihc.mbx@njcourts.gov

Regular USPS Mail

Secretary, Board of Bar Examiners
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PO Box 973
Trenton, NJ 08625-0973

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