



ATTORNEY REGISTRATION AND DISCIPLINARY COMMISSION
of the
SUPREME COURT OF ILLINOIS
E-mail: registration@iadc.org
Fax: (312) 565-0997

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, by search on the ARDC website.**