

**IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
ORPHANS' COURT DIVISION**

In re: Estate of/Trust of  
Adoption of/Involuntary Termination of  
Parental Rights to/Voluntary Relinquishment  
of Parental Rights to

File No. \_\_\_\_\_

\_\_\_\_\_  
Deceased, A Minor  
An Alleged Incapacitated person  
An Incapacitated person

**NOTICE OF CHANGE IN COUNSEL'S  
CONTACT INFORMATION**

To the Clerk of the Orphans' Court Division:  
*(Please type or print in ink)*

Kindly update the contact information in your computer system. My current contact information is as follows:

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail address \_\_\_\_\_  
 *direct---*  *firm (check one)*

Telephone No. \_\_\_\_\_ Fax Number \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

*Supreme Court I. D. and full date of admittance*

\_\_\_\_\_