

CHANGE OF ADDRESS

DEFENDANT NAME: _____

OFFICER/TROOPER: _____

SUMMONS NO.: _____ **COURT DATE:** _____

DOCKET NO.: _____

NEW MAILING ADDRESS: _____

OLD ADDRESS: _____

**TEMPORARY
MAILING ADDRESS:**

**Defendant has instructed the Court to send any correspondence to the above
address. (Do not change residential address. Do not indicate Y in DLC field.)**

ACCIDENT? YES NO

OFFENSE LAW: STATE COUNTY

IN PERSON: _____ **BY PHONE:** _____

HAS DEFENDANT NOTIFIED DMV OF ADDRESS CHANGE?
___ YES ___ NO

DEFENDANT'S SIGNATURE _____

DATE: _____ **CLERK:** _____