

CHANGE OF ADDRESS FORM

INSTRUCTIONS:

Please print or type

1. Print, sign and mail to: 202 Carl Vinson Pkwy., Warner Robins, GA. 31088 OR
2. After signing, scan and email to statecourt@houstoncountyga.org OR
3. Hand deliver to clerk at: 202 Carl Vinson Pkwy., Warner Robins, GA. 31088

Defendant's Name: _____

Defendant's Date of Birth: _____

Case Number: _____ *(must be included for request to be processed)*

PLEASE NOTE THE FOLLOWING ADDRESS CHANGE:

	Mailing Address	Residence <input type="checkbox"/> check if same as mailing
Street or PO Box		
City		
State & Zip		

(Signature)

(Date)

FOR COURT USE ONLY:

Received by: _____
Entered in CMS: _____