

In THE STATE COURT OF CHATHAM COUNTY

133 Montgomery St. Room 501 SAVANNAH, GEORGIA 31401

CHANGE OF ADDRESS FORM

INSTRUCTIONS:

PLEASE PRINT OR TYPE.

1. Complete online, save, print, sign, and mail to address above or
 2. After signing you may scan and email to clerk@statecourt.org or
 3. File with the Clerk of State Court at: 133 Montgomery Street, Savannah, GA 31401 – Room501.
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Case # _____ (must be included for request to be processed)

Name: _____

Date of Birth: _____

PLEASE NOTE THE FOLLOWING ADDRESS CHANGE:

	Mailing Address	Residence <input type="checkbox"/> Check if same as mailing
Street or P.O. Box		
City		
State and Zip		
Telephone #		

Email address	
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/s/

(Signature of Party Requesting Change)

(Date)

Georgia Bar # (For Attorney Use Only)

**** If address change is noted by the Attorney, GA Bar Number is required**

FOR COURT USE ONLY:	
Address change entered on: _____	By: _____