

In THE STATE COURT OF CHATHAM COUNTY

133 Montgomery St., Room 501, Savannah, GA 31401

DEFENDANT 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 – Room 501.
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Case # _____ (must be included for request to be processed)

Defendant's Name: _____

Defendant's 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 #		

(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: _____