



**OFFICE OF THE DISTRICT ATTORNEY
PIEDMONT JUDICIAL CIRCUIT
J. BRADLEY SMITH
DISTRICT ATTORNEY**

ADDRESS CHANGE REQUEST FORM

Date: _____

CASE # _____

OR

WARRANT(s): _____

New Address

Old Address

_____	_____
Street # and Name	Street # and Name
_____	_____
Apt.	Apt.
_____	_____
City, State, Zip Code	City, State, Zip Code
_____	_____
Phone Number	Phone Number

Name (Please Print)

Check One:

Defendant

Victim

Witness

Signature

Date

**THIS FORM MUST BE SUBMITTED IN PERSON TO DISTRICT ATTORNEY'S OFFICE
ALONG WITH A VALID PICTURE ID**

File Original w/ Clerk

Copy to District Attorney's File