

CHANGE OF ADDRESS/NAME

CASE NO: _____

DEFENDANT'S NAME: _____

PHONE #: _____

OLD ADDRESS (OR NAME):

NEW ADDRESS (OR NAME):

THIS FORM MUST BE NOTARIZED OR SIGNED IN FRONT OF A DEPUTY CLERK.

PLEASE COMPLETE AND RETURN WITH A COPY OF YOUR DRIVER'S LICENSE AND/OR ID CARD TO:

Brandon Patty
Clerk of the Circuit Court
4010 Lewis Speedway
St. Augustine, FL 32084
or
Fax (904) 819-3666
Phone (904) 819-3600

This ___ day of _____, 20____.

Defendant's Signature

STATE OF FLORIDA, COUNTY OF ST. JOHNS

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public/Deputy Clerk