## In THE STATE COURT OF CHATHAM COUNTY

400 W. Oglethorpe Ave., Ste. 127, SAVANNAH, GEORGIA 31401

## **CHANGE OF ADDRESS FORM**

## **INSTRUCTIONS:**

	PLEASE PRINT OR	TYPE.
1. Complete online, save,	print, sign, and mail to address abo	ove <u>or</u>
2. After signing you may s	can and email to clerk@statecourt.	org or
3. File with the Clerk of Sta	ate Court at: 400 W. Oglethorpe Av	e., Ste. 127, Savannah, GA 31401.
Case #		must be included for request to be processed)
Name:		
PLEASE NOTE THE	FOLLOWING ADDRESS CH	IANGE:
	Mailing Address	Residence
		☐ Check if same as mailing
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City		
State and Zip		
Telephone #		
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/s/		(7.11)
(Signature of Party R	equesting Change)	(Date)
Georgia Bar # (For A ** If address change	ttorney Use Only) is noted by the Attorney, GA	Bar Number is required
	FOR COURT USE	ONLY:
Address change entered on:		Ву:
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