

CHANGE OF ADDRESS/NAME

CASE NO: _____

DEFENDANTS NAME: _____

PHONE #: _____

OLD ADDRESS (OR NAME):

NEW ADDRESS (OR NAME):

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

Cheryl Strickland
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

Deputy Clerk / Notary Public

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