

CHRIS ARABIA
District Attorney



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VICTIM/WITNESS NOTICE OF CHANGE OF ADDRESS

DEFENDANT(S): _____

CASE #: _____

PLEASE PRINT CLEARLY

VICTIM/WITNESS NAME: _____ VICTIM WITNESS

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
CELL PHONE WORK PHONE HOME PHONE

EMAIL ADDRESS: _____ ***I PREFER TO BE CONTACTED BY EMAIL***

PRIOR ADDRESS

STREET CITY STATE/ZIP CODE

CURRENT PHYSICAL ADDRESS

STREET CITY STATE/ZIP CODE

CURRENT MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

STREET CITY STATE/ZIP CODE

WORK ADDRESS (IF APPLICABLE)

STREET CITY STATE/ZIP CODE

ALTERNATIVE CONTACT (SOMEONE WHO CAN ALWAYS GET A HOLD OF YOU, WHO DOES NOT LIVE WITH YOU)

NAME (_____) _____ - _____ RELATIONSHIP
PHONE

STREET CITY STATE/ZIP CODE

Signature

Date