IN THE STATE COURT OF EFFINGHAM COUNTY
STATE OF GEORGIA

STATE OF GEORGIA,	)	
	)	
	)	CASE NO: _____
V.	)	
	)	DATE OF BIRTH: _____
_____,	)	
(*DEFENDANT'S FULL NAME)*	)	
	)	
DEFENDANT.	)	

CHANGE OF ADDRESS REQUEST

	MAILING ADDRESS	RESIDENCE
Street:		☐ Check if same as mailing
City:		
State & Zip:		

_____ _____
(Defendant's Signature) (Date)

OPTIONS FOR SUBMISSION	
1.	Print, sign, and mail to: Effingham State Court Clerk, 700 N Pine St, Ste 110 Springfield, GA 31329
2.	After signing, scan and email to: bherndon@effinghamcounty.org
3.	Hand deliver to clerk: Effingham State Court Clerk, 700 N Pine St, Ste 110 Springfield, GA 31329

FOR COURT USE ONLY

Received by: _____

Entered by: _____