STATE COURT OF COBB COUNTY
State of Georgia

Date: _____

State of Georgia

V

Court Case Number: _____

_____
Defendant's Name

CHANGE OF ADDRESS FORM

Please note the following change of address for: _____,
(name)

(Please circle one) Defendant/Surety/Attorney

New Address: _____

_____

_____

TO FILE THIS FORM WITH THE CLERK'S OFFICE, YOU MAY:

- SEND BY MAIL TO: **12 EAST PARK SQUARE, MARIETTA, GA 30090**
- E-FILE THROUGH PEACHCOURT AT **WWW.PEACHCOURT.COM**
- DELIVER IN PERSON BY HAND

_____
Signature of Party Requesting Change

_____

If address change is for an attorney, GA Bar Number is required

---

This section is for office use only.

_____
Deputy Clerk's signature

Entered in Contexte by: _____ ☐ CPAIDEN updated ☐ CDAPRTY updated ☐ CDADOCT updated