

IN THE STATE COURT OF BRYAN COUNTY  
STATE OF GEORGIA

STATE OF GEORGIA,	)	
	)	
V.	)	CASE NO: _____
	)	
_____	)	DATE OF BIRTH: _____
<u>(DEFENDANT'S FULL NAME)</u>	)	
	)	
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: Bryan State Court Clerk, PO Box 670, Pembroke, GA 31321
2.	After signing, scan and email to: <a href="mailto:morgan.waters@gsccca.org">morgan.waters@gsccca.org</a>
3.	Hand deliver to clerk: Bryan State Court Clerk, 151 S. College Street, Pembroke, GA 31321

FOR COURT USE ONLY	
Received by: _____	
Entered by: _____	