

IN THE STATE COURT OF BRYAN COUNTY
STATE OF GEORGIA

STATE OF GEORGIA,)	
)	
V.)	CASE NO: _____
)	
_____)	DATE OF BIRTH: _____
<i>(DEFENDANT'S FULL NAME)</i>)	
)	
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: morgan.waters@gsccca.org
3.	Hand deliver to clerk: Bryan State Court Clerk, 151 S. College Street, Pembroke, GA 31321

FOR COURT USE ONLY	
Received by: _____	
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