

**IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT  
IN AND FOR SUWANNEE COUNTY, FLORIDA  
FELONY DIVISION**

**Change of Address Form**

**If known please provide: Case Number:** \_\_\_\_\_

**Uniform Citation Number:** \_\_\_\_\_

**Spn Number:** \_\_\_\_\_

**The following information must be provided: (Please Print)**

**True Name:** \_\_\_\_\_

**Alias Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State and Zip Code:** \_\_\_\_\_ / \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_

\_\_\_\_\_  
**(Defendant's signature)**

\_\_\_\_\_  
**(Date)**

**Completed forms may be left with a Felony Clerk in the Felony Division, returned by mail to, Clerk of Circuit Court, 200 South Ohio Ave, Live Oak, Fl 32064, Attention: Felony Division, or faxed to 386-362-0548.**