

UNITED STATES DISTRICT COURT
for the
DISTRICT OF NEW JERSEY

DEFENDANT ADDRESS CHANGE FORM

This form is to be used by a defendant or a defendant's authorized representative to change the address of a criminal restitution defendant. Once approved, all future restitution payments will be sent to the new address. For details on how to complete and submit this form, please see Instructions for Completing Defendant Address Change Form (p.2). This form may not be used to request a defendant **name** change.

SECTION 1 - DEFENDANT INFORMATION		
a. Defendant Name (as it appears in the judgment):	b. Criminal Case Number(s):	
c. Defendant(s) Name(s):	d. Defendant No. Assigned by United States Attorney's Office:	
Address on File (Old Address)		
e. Street		
f. City	g. State	h. Zip
i. Phone	j. Email	
k. <input type="checkbox"/> Check if request is being made by an authorized representative of the defendant. Defendant representative name: _____ Representative's relationship to Defendant: <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Legal counsel <input type="checkbox"/> Other (please specify): _____		
SECTION 2 - NEW ADDRESS		
l. Street		
m. City	n. State	o. Zip
p. Phone (if changed)	q. Email (if changed)	
SECTION 3 - SUPPORTING DOCUMENTATION		
r. <input type="checkbox"/> The undersigned has read Instructions for Completing Defendant Address Change Form (p.2) and is providing the required supporting documentation with this request.		
SECTION 4 - DECLARATION		
s. <u>For Individual Defendant:</u> I, _____, am the defendant named in a federal criminal judgment as being entitled to any over payments in the case. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.	t. <u>For Representative of Individual or Organizational Defendant:</u> I, _____ am the authorized representative of (defendant name) _____ who was named in a federal criminal judgment as being entitled to over payments in the case. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.	
Printed Name	Printed Name	
Signature	Signature	

Date	Date
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Instructions for Completing Defendant Address Change Form

This form is to be used by a defendant or a defendant's authorized representative to change the address of a criminal restitution defendant. Once approved, all future restitution payments will be sent to the new address. Please follow the instructions below for completing and submitting this form. An employee of the District Court Clerk's Office will contact you if the court requires additional information to process this request. This form may not be used to request a defendant **name** change.

SECTION 1 - DEFENDANT INFORMATION

- Box a** Enter the defendant's name as it appears on the criminal judgment.
- Boxes b-d** Provide as much of the information about the criminal case(s) as you can.
- Boxes e-j** Provide the address currently on file with the court and other contact information.
- Box k** If you are the defendant, skip to SECTION 2.
If you are not the defendant but are completing this form as the authorized representative of the defendant, check the box, enter your name, and check the appropriate box describing your relationship to the defendant.

SECTION 2 - NEW ADDRESS

- Boxes l-q** Enter the new address to which restitution payments should be sent and other contact information.

SECTION 3 - SUPPORTING DOCUMENTATION

- Box r** Check Box r in Section 3 to indicate that you have read these instructions and are providing the appropriate supporting documentation described below. At least one of these documents is required to support the request.

Documentation Requirements for **Individual** Address Change

- A copy of a driver's license or other government issued ID that shows the defendant's new address
- A copy of a change of address form filed with the U.S. Postal Service
- A copy of an automobile or homeowner's/renter's insurance policy or bill
- A copy of a utility bill that shows the defendant payee's name and new address
- Other – e.g., payroll check stub issued by an employer, voter registration card, mortgage statement, or lease agreement

Documentation Requirements for **Organizational** Address Change

- A letter requesting the change of address on the entity's letterhead and signed by an authorized representative

SECTION 4-DECLARATION

- Boxes s-t** By signing this form, you declare under penalty of perjury that the information and the supporting documentation you are providing are true and correct.

HOW TO SUBMIT

The completed form and supporting documentation should be sent to the Clerk's Office by one of the following:

U.S. Mail: 402 East State Street
Room 2020
Trenton, NJ 08608
Attn: Finance Department

Email: finance@njd.uscourts.gov

Hand Delivery: 402 East State Street
Room 2020
Trenton, NJ 08608