

**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](http://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\*\**

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***This section is for office use only.***

\_\_\_\_\_  
Deputy Clerk's signature

Entered in Contexte by: \_\_\_\_\_ ☐ CPAIDEN updated ☐ CDAPRTY updated