

STATE COURT OF COBB COUNTY  
State of Georgia

\_\_\_\_\_  
Plaintiff

Date: \_\_\_\_\_

VS

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Defendant  
  
\_\_\_\_\_

**CHANGE OF ADDRESS FORM**

Please note the following change of address for: \_\_\_\_\_,  
(Name)  
plaintiff / defendant / attorney / other (please circle one).

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Party Requesting Change

\_\_\_\_\_  
GA Bar Number (required for attorney's address change)

***For office use only:***

Entered in Banner by: \_\_\_\_\_  CPAIDEN updated  CDAPRTY updated