

STATE OF LOUISIANA  
DEPARTMENT OF SOCIAL SERVICES  
IN THE INTEREST OF

\_\_\_\_\_  
VERSUS  
\_\_\_\_\_

LASES #: \_\_\_\_\_

DOCKET #: \_\_\_\_\_

JUVENILE COURT

PARISH OF JEFFERSON

STATE OF LOUISIANA

SECTION: " \_\_\_\_ "

NOTICE OF CHANGE OF ADDRESS

PLEASE TAKE NOTICE that the undersigned, \_\_\_\_\_  
(defendant/recipient), has changed the following contact information:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

( )

Home Phone Number

( )

Work Phone Number

- I understand that Court and Clerk personnel will use the above address to issue service upon me.
- I understand that I can only change my own address, and not that of any other party.
- I understand that giving false information to the Court may subject me to criminal charges.

\_\_\_\_\_  
Signature

PLEASE SERVE BY US MAIL:

DSS/IV-D through  
District Attorney's Office

or

DSS/IV-D through  
New Orleans Regional Office