

**STATE OF LOUISIANA
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
IN THE INTEREST OF**

DOCKET #: _____

JUVENILE COURT

VERSUS

PARISH OF JEFFERSON

STATE OF LOUISIANA

LASES #: _____

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:

DCFS/IV-D through
District Attorney's Office

or

DCFS/IV-D through
New Orleans Regional Office