

**CHANGE OF ADDRESS**

**COUNTY WHERE CASE IS ORDERED** (circle one):

Gloucester

Mathews

Middlesex

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

\_\_\_\_\_  
Name

**PHYSICAL ADDRESS:**

**MAILING ADDRESS** (if different)

\_\_\_\_\_  
Street

\_\_\_\_\_  
P.O. Box

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

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

**TELEPHONE NO.:** \_\_\_\_\_

Home / Cell

Work

**STYLE OF CASE:**

COMMONWEALTH OF VA v./ \_\_\_\_\_

**CUSTODY AND/OR VISITATION; NAME(S) OF THE CHILD(REN):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD OR SPOUSAL SUPPORT; NAME(S) OF PERSON(S) THAT PAY SUPPORT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submitted by:** \_\_\_\_\_

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