

STATE COURT OF COBB COUNTY
State of Georgia

Case Number: _____

Date: _____

State of Georgia

VS.

CHANGE OF ADDRESS FORM

Please note the following change of address for: _____,
(name)
defendant/surety/attorney. (Please circle one)

New Address: _____

***If this address change is for an attorney,
a GA Bar Number is required as well as a
list of cases filed within this Court***

Signature of Party Requesting Change

Attorney Bar Number

For office use only:

Contexte Party ID Number: _____

Entered in Contexte by: _____ CPAIDEN updated CDAPRTY