## **How to File a Notice of Change of Address**

Step 1	Complete the following forms in blue or black ink:
Step 2	<b>Copies:</b> Make □ 2 □ 3 □ 4 copies, in addition to the original. See other side for more information about how many copies to make.
Step 3	<b>Service:</b> Before you file, <b>serve</b> an unfiled copy by mail on the other party or parties and their attorney(s).
	"Serve by mail" means: someone, NOT YOU, who is at least 18 years old, must mail the unfiled copy.
	Whoever serves must complete the <i>Proof of Service</i> on the back of the <b>original</b> <i>Notice of Change of Address</i> and return it to you.
Step 4	Copies: Make 1 copy, in addition to the original.
Step 5	<b>File:</b> Turn in the original and copy/ies of the completed form to the Clerk's Office in the Courthouse located at:
There is no filing fee.	201 North First Street, San Jose, CA 95113  The Clerk's Office opens at 8:30am Monday-Friday, closing times are subject to change, visit <a href="https://www.scscourt.org">www.scscourt.org</a> or call 408-534-5600 for current office hours.
	The Clerk will keep the original and return the copy to you.

#### WHY SHOULD I FILE A NOTICE OF CHANGE OF ADDRESS?

When the court (or a party) in your case needs to reach you, it often does so through the mail. If you do not let the court know that you have changed your address by filing this form with the Court, you might not receive important notifications or information.

#### **HOW DO I KNOW HOW MANY COPIES TO MAKE?**

Make a copy for each **party** in the case and their attorney if they have one. Usually the other party is the other parent or the Department of Child Support Services. In rarer cases the other parties are grandparents or other relatives or even a non-relative. The original will go to the Court.

#### WHAT HAPPENS IF I DON'T FILE THE CHANGE OF ADDRESS?

The other party may be able to serve you with court forms at your old address, you won't get the forms and the court may make orders without your being at the court hearing.

#### **HOW CAN I GET THE FORMS?**

There are a few ways that you can get the forms:

- Print forms by going online to the state's website, (<a href="http://courts.ca.gov/selfhelp">http://courts.ca.gov/selfhelp</a>);
   or Santa Clara County Superior Court's website at <a href="https://www.scscourt.org">www.scscourt.org</a> and review the self-help information
- Use legal self-help websites and books
- Contact the Self Help Center/Family Law Facilitator's Office. Please go to <u>www.scscourt.org</u> and click on the Self-Help section of the site for details on how we provide assistance.

Superior Court, County of Santa Clara **Self Help Center/Family Law Facilitator's Office**201 N. First Street, San Jose, CA 95113

**VISIT US ONLINE:** 

www.scscourt.org www.courts.ca.gov/selfhelp **EMAIL US:** 

www.scscourt.org
click "Self-Help" then click "Contact
the Self-Help Center"

**CALL US:** 408-882-2926

Rev. 8/13/2020

### Change of Address

# BLANKS

THESE ARE THE DOCUMENTS YOU HAVE TO COMPLETE, COPY, FILE AND SERVE.

ATTORNEY OR PARTY W	VITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEBUONE NO	FAVAIO (Ortically	
TELEPHONE NO.:  E-MAIL ADDRESS (Option	FAX NO. (Optional):	
ATTORNEY FOR (Name):		
	r of california, county of Santa Clara	
STREET ADDRESS:	201 N. First Street, San Jose, CA 95113	
	191 N. First Street, San Jose, CA 95113	
CITY AND ZIP CODE:		
PLAINTIFF/PE	Family Division	CASE NUMBER:
12/11/11/12	THORET.	OAGE NOMBEN.
DEFENDANT/RESF	PONDENT:	JUDICIAL OFFICER:
N	OTICE OF CHANGE OF ADDRESS OR OTHER	DEPT.:
	CONTACT INFORMATION	
Please take no	otice that, as of (date):	
	ing self-represented party or	
the attorne	ey for:	
a. 🔲 I	plaintiff (name):	
b. 🔲 (	defendant (name):	
c. 🔲 j	petitioner (name):	
d. 🔲 1	respondent (name):	
е. 🔲 с	other (describe):	
has <b>changed h</b>	his or her address for service of notices and documents or other conta	ct information in the above-captioned
action.		
A list of ac	dditional parties represented is provided in Attachment 1.	
2. The new addre	ess or other contact information for (name):	
is as follows:		
a. Street: _		
b. City:		
c. Mailing ad	ddress (if different from above):	
d. State and	zip code:	
e. Telephone	e number:	
f. Fax numb	er (if available):	
g. E-mail add	dress (if available):	
3. All notices an	d documents regarding the action should be sent to the above address	S.
Date:		
	<b>&gt;</b>	
	(TYPE OR PRINT NAME) (S	IGNATURE OF PARTY OR ATTORNEY)

		л	

					MC-04
Р	LAIN	ITIFF/PETITIONER:			CASE NUMBER:
D	EFEN	NDANT/RESPONDENT:			
		PROOF OF SERVI NOTICE OF CHANGE OF ADDR	_		
Info <i>by</i> Ad	orma <i>a me</i> dres:	This page may be used for proof of service by first-cation. Please use a different proof of service, such as ethod other than first class-mail, such as by fax or eless or Other Contact Information if you are a party in the fervice.)	Proof of Sectronic se	ervice—Civil (fo ervice. You cann	rm POS-040), <i>if you serve this notice</i> ot serve the Notice of Change of
1.	At t	the time of service, I was at least 18 years old and <b>not a</b>	party to th	is action.	
2.	l ar	m a resident of or employed in the county where the mail	ing took pla	ace. My residence	or business address is (specify):
3.		erved a copy of the <i>Notice of Change of Address or Othe</i> the persons at the addresses listed in item 5 and <i>(check of the change)</i> deposited the sealed envelope with the United Sta	one):	-	-
	b.	placed the sealed envelope for collection and for r familiar with this business's practice for collecting correspondence is placed for collection and mailin United States Postal Service in a sealed envelope	and proces	sing correspondents	ence for mailing. On the same day
4.	The a. b.	e Notice of Change of Address or Other Contact Informat on (date): at (city and state):	tion was pla	aced in the mail:	
5.	The	e envelope was addressed and mailed as follows:			
	a.	Name of person served:	C.	Name of persor	served:
		Street address: City: State and zip code:		Street address: City: State and zip co	ode:
	b.	Name of person served:	d.	Name of persor	ı served:
		Street address: City: State and zip code:		Street address: City: State and zip co	ode:
	Nar	mes and addresses of additional persons served are atta	ached. (You	ı may use form P	OS-030(P).)
l de	eclare	e under penalty of perjury under the laws of the State of 0	California th	nat the foregoing	is true and correct.
Dat	e:				

(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)

### Change of Address

## SAMPLE

Use the samples to help you complete the packet of blank forms.

	me 0-10
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Your name	
Your address	
/ our dadress	SAMPLE
	SAIVIFLE
TELEPHONE NO.: FAX NO. (Optional):	ONLY
E-MAIL ADDRESS (Optional):	ONLI
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara	Do not write
STREET ADDRESS: 201 N. First Street, San Jose, CA 95113	Do not write
MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113	on this copy!
CITY AND ZIP CODE:	on this copy:
BRANCH NAME: Family Division	
PLAINTIFF/PETITIONER: Petitioner's name (person who started the case)	CASE NUMBER:
	Your Court Case Number
DEFENDANT/RESPONDENT: Respondent's name	JUDICIAL OFFICER:
<u> </u>	
NOTICE OF CHANGE OF ADDRESS OR OTHER	DEPT.:
CONTACT INFORMATION	
1. Please take notice that, as of (date): Today's Date	
X the following self-represented party or	
the attorney for:	
a. plaintiff (name):	
b. defendant (name):	
c. petitioner (name): Check the box that appli	es to you
d. respondent (name):and write your name on the	ine.
e.	
has <b>changed his or her address</b> for service of notices and documents or other contact	information in the above-captioned
action.	
A list of additional parties represented is provided in Atta	hone
2. The <b>new address</b> or other contact information for (name): Print your name	nere.
is as follows:	
Fill in your new con	tact
a. Sileet	
b. City: information here	•
c. Mailing address (if different from above):	arty
d. State and zip code: needs to be served wi	th this
e. Telephone number:form. Use an address	that is
f. Fax number (if available): safe for the other per	rson to
g. E-mail address (if available): have and where you	can
3. All notices and documents regarding the actio	
Date: Today's Date	
Sian vaun	name here
Print your name here.	name here.
(TYPE OR PRINT NAME) (SIGN	NATURE OF PARTY OR ATTORNEY)

not inv	olved with in your Ca	this case) mail a	copy of this it must fill o	dult (not your and/or form to the Other out the back of this	
re of of service.)	•		•		this:
At the time of	service, I was at	least 18 years old and not a part	y to this action.		
am a resider	nt of or employed	in the county where the mailing to	ook place. My residenc	ce or business address is (specify):	•
	ss of per party for	son who mailed th you.	ne form to	the	
o the persons	s at the addresses	f Change of Address or Other Cor s listed in item 5 and <i>(check one).</i> envelope with the United States F	•	closing it in a sealed envelope add	Iressed
o. Le plac	eu me sealed en\	velope for collection and for mailir	ig, ioliowing our ordina	ary business practices. I am readily	
fami corr Unit The <i>Notice of</i> a. on <i>(date)</i>	iliar with this businespondence is placed States Postal	ness's practice for collecting and paced for collection and mailing, it Service in a sealed envelope with	is deposited in the ord postage fully prepaid.  The other p	arty.	
fami corr Unit The <i>Notice of</i> a. on ( <i>date</i> ) o. at ( <i>city a</i>	iliar with this businespondence is placed States Postal in the last of the las	ness's practice for collecting and paced for collection and mailing, it Service in a sealed envelope with form was mailed to and State from when the control of the control	is deposited in the ord postage fully prepaid.  The other p	inary course of business with the	
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