

How to File a Notice of Change of Address

Step 1	Complete the following forms in blue or black ink: <input checked="" type="checkbox"/> MC-040 Notice of Change of Address
Step 2	Copies: Make <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 copies, in addition to the original. See other side for more information about how many copies to make.
Step 3	Service: Before you file, serve an unfiled copy by mail on the other party or parties and their attorney(s). <ul style="list-style-type: none">• “<i>Serve by mail</i>” 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 original Notice of Change of Address and return it to you.
Step 4	Copies: Make 1 copy, in addition to the original.
Step 5 There is no filing fee.	File: Turn in the original and copy/ies of the completed form to the Clerk’s Office in the Courthouse located at: 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 www.sccourt.org or call 408-534-5600 for current office hours. The Clerk will keep the original and return the copy to you.

Please turn over for important information

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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, (<http://courts.ca.gov/selfhelp>); or Santa Clara County Superior Court's website at www.scscourt.org 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 www.scscourt.org 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

Change of Address

BLANKS

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY CASE NUMBER: JUDICIAL OFFICER: DEPT.:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113 CITY AND ZIP CODE: BRANCH NAME: Family Division	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER: JUDICIAL OFFICER:
NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION	

1. Please take notice that, as of (date):

- the following self-represented party or
- the attorney for:
 - a. plaintiff (name): _____
 - b. defendant (name): _____
 - c. petitioner (name): _____
 - d. respondent (name): _____
 - e. other (describe): _____

has **changed his or her address** for service of notices and documents or other contact information in the above-captioned action.

A list of additional parties represented is provided in Attachment 1.

2. The **new address** or other contact information for (name): _____

is as follows:

- a. Street: _____
- b. City: _____
- c. Mailing address (if different from above): _____
- d. State and zip code: _____
- e. Telephone number: _____
- f. Fax number (if available): _____
- g. E-mail address (if available): _____

3. **All notices and documents** regarding the action should be sent to the above address.

Date: _____

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PARTY OR ATTORNEY)



PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

**PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION**

(NOTE: This page may be used for proof of service by first-class mail of the Notice of Change of Address or Other Contact Information. Please use a different proof of service, such as Proof of Service—Civil (form POS-040), if you serve this notice by a method other than first class-mail, such as by fax or electronic service. You cannot serve the Notice of Change of Address or Other Contact Information if you are a party in the action. The person who served the notice must complete this proof of service.)

1. At the time of service, I was at least 18 years old and **not a party to this action.**

2. I am a resident of or employed in the county where the mailing took place. My residence or business address is *(specify)*:

3. I served a copy of the *Notice of Change of Address or Other Contact Information* by enclosing it in a sealed envelope addressed to the persons at the addresses listed in item 5 and *(check one)*:
 - a. deposited the sealed envelope with the United States Postal Service with postage fully prepaid.
 - b. placed the sealed envelope for collection and for mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The *Notice of Change of Address or Other Contact Information* was placed in the mail:
 - a. on *(date)*:
 - b. at *(city and state)*:

5. The envelope was addressed and mailed as follows:

<ol style="list-style-type: none"> a. Name of person served: Street address: City: State and zip code: 	<ol style="list-style-type: none"> c. Name of person served: Street address: City: State and zip code:
<ol style="list-style-type: none"> b. Name of person served: Street address: City: State and zip code: 	<ol style="list-style-type: none"> d. Name of person served: Street address: City: State and zip code:

Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid black; padding: 5px; width: fit-content;">Your name Your address</div>		<p>FOR COURT USE ONLY</p> <p>SAMPLE ONLY</p> <p>Do not write on this copy!</p>
TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113 CITY AND ZIP CODE: _____ BRANCH NAME: Family Division		
PLAINTIFF/PETITIONER: <div style="border: 1px solid black; padding: 2px;">Petitioner's name (person who started the case)</div>	CASE NUMBER: <div style="border: 1px solid black; padding: 2px;">Your Court Case Number</div>	
DEFENDANT/RESPONDENT: <div style="border: 1px solid black; padding: 2px;">Respondent's name</div>	JUDICIAL OFFICER: _____	
NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION		DEPT.: _____

1. Please take notice that, as of (date):

Today's Date

the following self-represented party or

the attorney for:

- a. plaintiff (name): _____
- b. defendant (name): _____
- c. petitioner (name): _____
- d. respondent (name): _____
- e. other (describe): _____

**Check the box that applies to you
and write your name on the line.**

has **changed his or her address** for service of notices and documents or other contact information in the above-captioned action.

A list of additional parties represented is provided in Attachment _____

2. The **new address** or other contact information for (name):

Print your name here.

is as follows:

- a. Street: _____
- b. City: _____
- c. Mailing address (if different from above): _____
- d. State and zip code: _____
- e. Telephone number: _____
- f. Fax number (if available): _____
- g. E-mail address (if available): _____

Fill in your new contact information here.
NOTE: The other party needs to be served with this form. Use an address that is safe for the other person to have and where you can receive mail.

3. **All notices and documents** regarding the action
Date:

Today's Date

Print your name here.

(TYPE OR PRINT NAME)

Sign your name here.

(SIGNATURE OF PARTY OR ATTORNEY)



PLAINTIFF/PETITIONER: <input type="text" value="Petitioner's name (person who started the case)"/>	CASE NUMBER: <input type="text" value="Your Court Case Number"/>
DEFENDANT/RESPONDENT: <input type="text" value="Respondent's name"/>	

Before you file this form you need to have an adult (not your and/or not involved with this case) mail a copy of this form to the Other Party in your Case. Whoever Mails it must fill out the back of this form before you file it with the Court.

(NOTE: Inform by a n Address proof of service.)

act
notice
this

- At the time of service, I was at least 18 years old and **not a party to this action.**
- I am a resident of or employed in the county where the mailing took place. My residence or business address is (specify):
- I served a copy of the *Notice of Change of Address or Other Contact Information* by enclosing it in a sealed envelope addressed to the persons at the addresses listed in item 5 and (check one):
 - deposited the sealed envelope with the United States Postal Service with postage fully prepaid.
 - placed the sealed envelope for collection and for mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

- The *Notice of Change of Address or Other Contact Information* was:
 - on (date):
 - at (city and state):

- The envelope was addressed and mailed as follows:

a. Name of person served:	<input type="text" value="Name and address of the other party that was served."/>	c. Name of person served:
Street address:		Street address:
City:		City:
State and zip code:		State and zip code:
b. Name of person served:		d. Name of person served:
Street address:		Street address:
City:		City:
State and zip code:		State and zip code:

Names and addresses of additional persons served are attached. (You may use form POS-030(P).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)