

**CHANGE OF ADDRESS AND/OR NAME**

MY CURRENT FULL NAME: \_\_\_\_\_

MY FORMER FULL NAME: \_\_\_\_\_

D.A. CASE NUMBER: \_\_\_\_\_

DEFENDANT'S LAST NAME: \_\_\_\_\_

NEW RESIDENCE ADDRESS: \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER  
ADDRESS: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

DATE NEW ADDRESS/NAME IS EFFECTIVE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PLEASE COMPLETE AND RETURN THIS FORM TO:

DOUGLAS COUNTY DISTRICT ATTORNEY - CHILD SUPPORT  
P.O. BOX 1240 ~ MINDEN, NV 89423  
FAX: (775) 782-9880