

UNITED STATES DISTRICT COURT
for the

VICTIM ADDRESS CHANGE FORM

This form is to be used by a victim or a victim's authorized representative to change the address of a criminal restitution victim. Once approved, all future restitution payments will be sent to the new address. For details on how to complete and submit this form, please see Instructions for Completing Victim Address Change Form (p 2). If you wish to change the name of a restitution victim, you MUST complete AO Form XXX Sealed Petition for Victim Name Change.

SECTION 1 - VICTIM INFORMATION

a. Victim Name (as it appears in the judgment(s)):
b. Criminal Case Number(s):
c. Defendant(s) Name(s):
d. Victim No. Assigned by United States Attorney's Office:

Address on File (Old Address)

e. Street
f. City
g. State
h. Zip
i. Phone
j. Email

k. Check if request is being made by an authorized representative of the victim.
Victim representative name:
Representative's relationship to victim: Parent Legal guardian Legal counsel
Other (please specify):

SECTION 2 - NEW ADDRESS

l. Street
m. City
n. State
o. Zip
p. Phone
q. Email

SECTION 3 - SUPPORTING DOCUMENTATION

r. The undersigned has read Instructions for Completing Victim Address Change Form and is providing the required supporting documentation with this request.

SECTION 4 - DECLARATION

s. For Individual Victim:
I, am the victim named in a federal criminal judgment as being entitled to restitution payments. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.
Printed Name
Signature
Date
t. For Representative of Individual or Organizational Victim:
I, am the authorized representative of (victim name) who was named in a federal criminal judgment as being entitled to restitution payments. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.
Printed Name
Signature
Date

