

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
NOTIFICATION OF MAILING ADDRESS	CASE NUMBER:

TO THE PARENT OR GUARDIAN OF THE ABOVE NAMED CHILD:

YOU ARE REQUIRED TO PROVIDE YOUR PERMANENT MAILING ADDRESS TO THE COURT.

The court, the clerk, and the social services agency or probation department will send all documents and notices to the mailing address provided, until and unless you notify the court or the social worker or probation officer on your case of your new mailing address.

Notice of the new mailing address must be provided in writing.

This form is provided for notification of your mailing address or a change of mailing address.

MAILING ADDRESS

1. Name:
2. Relationship to child:
3. Mailing address *(number and street):*
(city, state, and zip code):

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)
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CHANGE OF MAILING ADDRESS

1. Name:
2. Relationship to child:
3. New mailing address *(number and street):*
(city, state, and zip code):

Date:

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