

TRAFFIC DIVISION

DEFENDANT'S NEW ADDRESS

THE STATE OF FLORIDA VS.

Defendant

Driver's License Number

State

Case Number

ADDRESS: _____

APT., SUITE, OR OFFICE

NUMBER: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE (HOME): _____

PHONE (WORK): _____

OTHER: _____

I have read and verified that the above information is correct and I hereby acknowledge receipt of a copy of this form.

Defendant - Signature

Date

*** Please printout, complete form, sign, date, and mail to:**

CLERK OF COURTS
TRAFFIC DIVISION
P.O. BOX 19321
MIAMI, FL. 33101-9321