

**Georgia  
Office of Victim Services  
Change of Address**



Persons who have previously completed a Victim Impact Statement, Notification Request Form, or a written letter whose contact information has changed should complete this form. This form will become a permanent and confidential part of the offender's file. For more information, please contact the Georgia Office of Victim Services toll-free 1-800-593-9474 or locally 404-651-6668.

**OFFENDER INFORMATION**

Offender's Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Offender's Date of Birth: \_\_\_\_\_ Offender's Gender: \_\_\_\_\_

Offense(s): \_\_\_\_\_ Offender's GDC ID Number: \_\_\_\_\_

**PREVIOUS ADDRESS INFORMATION**

Registrant's Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Previous Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

International Address: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Type of Primary Telephone #: \_\_\_\_\_

Secondary Telephone #: \_\_\_\_\_ Type of Secondary Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NEW ADDRESS INFORMATION**

New Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

International Address: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Type of Primary Telephone #: \_\_\_\_\_

Secondary Telephone #: \_\_\_\_\_ Type of Secondary Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you require special accommodations in accordance with the Americans with Disabilities Act (ADA), please list below:**

**Please send completed form to:  
Georgia Office of Victim Services  
2 Martin Luther King, Jr. Drive, SE; Balcony Level, East Tower  
Atlanta, Georgia 30334  
Fax: (404) 465-3567  
victimservices@pap.ga.gov**