

**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; Suite 430, West Tower
Atlanta, Georgia 30334
Fax: (404) 465-3567
victimservices@pap.ga.gov**