



# ADULT RECOVERY COURT ADDRESS CHANGE FORM

Please note: You must submit an address change form within 24 hours of the change.  
Thank you.

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Please write down the address where you live:

Effective Date: \_\_\_\_\_

Reason for Move: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

If the above address is different from your mailing address please write down your mailing address:

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

**PLEASE RETURN THIS FORM DIRECTLY TO  
THE DRUG COURT COORDINATORS:  
Jason Korneliussen Tel #: 425-388-3546 Fax #: (425) 388-3597  
Skyler Willian Tel #: 425-388-3093 Fax #: (425) 388-3597**