



ADULT DRUG TREATMENT 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:
Laura Whitaker Tel #: 425-388-3093 Fax #: (425) 388-3597
Katie Shiner Tel #: 425-388-3546 Fax #: (425) 388-3597**