



**Superior Court of California County of Ventura**

**AFFIDAVIT FOR CHANGE OF ADDRESS**

*FISCAL SERVICES*

P.O. Box 6489  
Ventura, California 93006  
(805) 289-8591

{ This form must be completed in affiant's own handwriting }

**Copy of Driver's License or Picture ID must be attached.**

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_  
{Signature}

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

Street: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Case #: \_\_\_\_\_

Attn: **FISCAL SERVICES** \_\_\_\_\_