

**RESTITUTION RECIPIENT CHANGE OF ADDRESS**

- This form must be completed in its entirety
- We require a valid photo identification (please include a copy if mailing form)
- The address on your ID must match the “new” address you provide below
- The previous address you provide must match our records
- If you are mailing the form to our office, it must be notarized - please mail to:

Clerk of Circuit Court  
Attention: Accounting  
PO Box 550  
Leesburg VA 20178

**PLEASE PRINT LEGIBLY**

NAME: \_\_\_\_\_

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

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

By signing this form, you certify, under penalty of perjury, that you are the recipient in the matter and are entitled to these funds

Defendant’s name: \_\_\_\_\_

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

**PREVIOUS ADDRESS on file at our office**

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**NEW ADDRESS:**

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

