

**TRAFFIC DIVISION**

**DEFENDANT'S NEW ADDRESS**

**THE STATE OF FLORIDA VS.**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Case Number

ADDRESS: \_\_\_\_\_

APT., SUITE, OR OFFICE

NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_

PHONE (WORK): \_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_

I have read and verified that the above information is correct and I hereby acknowledge receipt of a copy of this form.

\_\_\_\_\_  
Defendant - Signature

\_\_\_\_\_  
Date

**\* Please printout, complete form, sign, date, and mail to:**

CLERK OF COURTS  
TRAFFIC DIVISION  
P.O. BOX 19321  
MIAMI, FL. 33101-9321