

STATE OF LOUISIANA  
VERSUS

16<sup>th</sup> JUDICIAL DISTRICT COURT  
PARISH OF ST. MARTIN  
STATE OF LOUISIANA

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

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**CHANGE OF ADDRESS**

I, \_\_\_\_\_ request my address be changed to:

\_\_\_\_\_  
\_\_\_\_\_

By signing this form, I understand that my address will only change in the docket numbers that are captioned above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Upon completion, please mail to:  
St. Martin Parish Clerk of Court  
P.O. Box 308  
St. Martinville, Louisiana 70582

Note: This form will only change the addresses in the docket numbers listed above and can only be used in St. Martin Parish.

The St. Martin Parish Clerk of Court's Office will forward this request to:  
St. Martin Parish District Attorney's Office  
St. Martin Parish Public Defender's Office