



OFFICE OF CLERK OF COURTS

CLERK OF COURTS
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COUNTY OF ADAMS

117 Baltimore Street
Room 103
Gettysburg, Pennsylvania
17325

CHANGE OF ADDRESS

(Victim Change of Address)

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

CASE NUMBER: \_\_\_\_\_ DEFENDANT'S NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ DEFENDANT'S NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ DEFENDANT'S NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ DEFENDANT'S NAME: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_
(Victim)

NEW ADDRESS: \_\_\_\_\_
(Victim)

SIGNATURE \_\_\_\_\_
(Victim)

DATE: \_\_\_\_\_

NOTE: A Change of Address form must be submitted by the person whose address is to be changed. It may be submitted in person at the Clerk of Courts Office or by mail to the above address or emailed to victiminfochange@adamscountv.us.