

CASE NUMBER:

UNITED STATES DISTRICT COURT  
for the  
EASTERN DISTRICT OF WASHINGTON  
**ADDRESS CHANGE FORM FOR BONDS ONLY**

SECTION 1 INFORMATION		
a. Name		
Address on File (Old Address)		
b. Street		
c. City	d. State	e. Zip
f. Phone	g. Email	
SECTION 2 NEW ADDRESS		
h. Street		
i. City	j. State	k. Zip
l. Phone (if changed)	m. Email (if changed)	
SECTION 3 SUPPORTING DOCUMENTATION		
n. Please provide the following required supporting documentation with this request (check and provide only ONE):		
<input type="checkbox"/> A copy of a driver's license or other government issued ID that shows the new address		
<input type="checkbox"/> A copy of a change of address form filed with the U.S. Postal Service		
<input type="checkbox"/> A copy of an automobile or homeowner's/renter's insurance policy or bill		
<input type="checkbox"/> A copy of a utility bill that shows the payee's name and new address		
<input type="checkbox"/> Other – e.g., payroll check stub issued by an employer, voter registration card, mortgage statement, or lease agreement		
<b>Organizational change:</b>		
<input type="checkbox"/> A letter requesting the change of address on the entity's letterhead and signed by an authorized representative		
SECTION 4 DECLARATION		
<b>o. For Individual:</b>  By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.	<b>p. For Representative of Individual or Organizational:</b>  I am the authorized representative of (name) _____, and I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.	
Printed Name	Printed Name	
Signature	Signature	
Date	Date	

The completed form and supporting documentation should be sent to the Clerk's office by one of the following:

**Email:** [newcases@waed.uscourts.gov](mailto:newcases@waed.uscourts.gov)

**Mailing Address:** P.O. Box 1493 Spokane, WA 99210

**Delivery Address:** 920 W. Riverside Suite 840 Spokane, WA 99201