

**UNITED STATES DISTRICT COURT
for the
SOUTHERN DISTRICT OF INDIANA
VICTIM ADDRESS CHANGE FORM**

This form is to be used by a victim or a victim’s authorized representative to change the address of a criminal restitution victim. Once approved, all future restitution payments will be sent to the new address. For details on how to complete and submit this form, please see Instructions for Completing Victim Address Change Form (p.2). This form may not be used to request a victim name or payee change.

SECTION 1 - VICTIM INFORMATION		
a. Victim Name (as it appears in the judgment):	b. Criminal Case Number(s):	
Address on File (Old Address)		
c. Street		
d. City	e. State	f. Zip
g. Phone	h. Email	
i. <input type="checkbox"/> Check if request is being made by an authorized representative of the victim. Victim representative name: _____ Representative’s relationship to victim: <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Legal counsel <input type="checkbox"/> Other (please specify): _____		
SECTION 2 - NEW ADDRESS		
j. Street		
k. City	l. State	m. Zip
n. Phone (if changed)	o. Email (if changed)	
SECTION 3 - SUPPORTING DOCUMENTATION		
p. <input type="checkbox"/> The undersigned has read Instructions for Completing Victim Address Change Form (p.2) and is providing the required supporting documentation with this request.		
SECTION 4 - DECLARATION		
q. For Individual Victim: I, _____, am the victim named in a federal criminal judgment as being entitled to restitution payments. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.	r. For Representative of Individual or Organizational Victim: I, _____ am the authorized representative of (victim name) _____ who was named in a federal criminal judgment as being entitled to restitution payments. By signing my name below, 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	
USAO USE ONLY – USAO Authorization of Victim Address Change		
Signature	Title	
Printed Name	Date	

Instructions for Completing Victim Address Change Form

This form is to be used by a victim or a victim’s authorized representative to change the address of a criminal restitution victim. Once approved, all future restitution payments will be sent to the new address. Please follow the instructions below for completing and submitting this form. An employee of the District Court Clerk’s Office will contact you if the court requires additional information to process this request. This form may not be used to request a victim **name** change.

SECTION 1 - VICTIM INFORMATION

- Box a** Enter the victim’s name as it appears on the criminal judgment or order of restitution.
- Box b** Provide the case number, or if you do not have it, the defendant's name and as much information about the criminal case(s) as you can.
- Boxes c-h** Provide the address currently on file with the court and other contact information.
- Box i** If you are the victim, skip to SECTION 2.
If you are not the victim but are completing this form as the authorized representative of the victim, check the box, enter your name, and check the appropriate box describing your relationship to the victim.

SECTION 2 - NEW ADDRESS

- Boxes j-o** Enter the new address to which restitution payments should be sent and other contact information.

SECTION 3 - SUPPORTING DOCUMENTATION

- Box p** Check Box p in Section 3 to indicate that you have read these instructions and are providing the appropriate supporting documentation described below. At least one of these documents is required to support the request.

Documentation Requirements for Individual Address Change
A copy of a driver’s license or other government issued ID that shows the victim’s new address
A copy of a change of address form filed with the U.S. Postal Service
A copy of an automobile or homeowner’s/renter’s insurance policy or bill
A copy of a utility bill that shows the victim payee’s name and new address
Other – e.g., payroll check stub issued by an employer, voter registration card, mortgage statement, or lease agreement
Documentation Requirements for Organizational Address Change
A letter requesting the change of address on the entity’s letterhead and signed by an authorized representative

SECTION 4-DECLARATION

- Boxes q-r** By signing this form, you declare under penalty of perjury that the information and the supporting documentation you are providing are true and correct.

HOW TO SUBMIT

The completed form and supporting documentation should be submitted using one of the following methods:

U.S. Mail:

United States Attorney's Office, Southern District of Indiana
 Attn: Victim Witness Coordinator
 10 W Market St, Suite 2100
 Indianapolis, IN 46204

Email:

Stephanie.Lloyd@usdoj.gov

Hand Delivery:

United States Attorney's Office, Southern District of Indiana
 Attn: Victim Witness Coordinator
 10 W Market St, Suite 2100
 Indianapolis, IN 46204