



**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA
VICTIM ADDRESS CHANGE FORM**

This form is for the purpose of a victim or a victim's representative to confirm change of address for mailing restitution checks from the United States Court for the Western District of North Carolina.

SECTION 1 WILL BE COMPLETED BY THE COURT

Victim's Name as it appears in the judgment/order: _____

Case No. _____ Name of Defendant: _____

Address currently on file. Street Address: _____

City: _____ State: _____ Zip Code: _____

SECTION 2 – PLEASE COMPLETE ENTIRE NEW ADDRESS SECTION HERE

Check this box if you are representing the victim. Your name: _____

Representative's relationship to the victim: Parent or Legal Guardian or Legal Counsel

Other, please specify: _____

New Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number where we may reach you: _____

Email Address: _____

SECTION 3 – DECLARATION

For an **Individual Victim** complete this section:

I, _____, (Print your name.) am the victim named in a federal criminal case/judgment/order as being entitled to restitution payments. By signing my name below, I declare under penalty of perjury that the foregoing information is true and correct.

Signature: _____ Date: _____

For a **Representative of Individual or Organizational Victim** complete this section:

I, _____, (Print your name.) am the authorized representative of victim _____ (Print victim name.) who was named in a federal criminal judgment/case/order as being entitled to restitution. By signing my name below, I declare under penalty of perjury that the foregoing information is true and correct.

Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE FORM

Section 1 will be filled out by the court. If this has not been pre-filled, call 704 350-7418.

Section 2 is for the NEW address to which all future checks will be mailed. Please complete this section, along with your contact information.

Section 3 assures the Court, under penalty of perjury, that the information on this form is true and correct.

HOW TO SUBMIT TO THE COURT:

US MAIL:

Send the completed form to the **return address on the letter you received** with this form

OR

mail to:

US District Court

ATTN: Financial Dept.

401 W Trade St., Room 2200

Charlotte NC 28202

EMAIL:

Please attach a copy of the completed form as a **pdf** and email it using the **contact email on the letter you received** or send it to: ncwdml_financial@ncwd.uscourts.gov

FAX:

If a fax number is listed, please fax your completed form to the **fax number on the letter** that accompanied this form.

FOR QUESTIONS ABOUT THIS FORM:

Please contact the person who sent you the accompanying letter directly

OR

call 704-350-7418 or email: ncwdml_financial@ncwd.uscourts.gov