

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ INT _____
_____ IDD _____

_____ Ward

CHANGE OF ADDRESS NOTICE

(to be filed by Guardian for change of address of ward outside of the District of Columbia to a neighboring jurisdiction)

The Register of Wills will please note the following change of address effective immediately:

1. Name of Guardian: _____
2. New mailing address of the ward, including zip code:

3. Telephone number for the ward: _____
4. Date of the move: _____
5. Reason for the move: _____

Respectfully submitted,

Signature

Printed name

Address

Telephone number

Email address

Bar Number if applicable

PLEASE NOTE: Neighboring jurisdictions include Montgomery County and Prince George's County in the State of Maryland and Arlington City, Arlington County, City of Alexandria, Alexandria County, Fairfax City and Fairfax County in the Commonwealth of Virginia.

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20____, a copy of this filing was either eServed in accordance with the provisions of Administrative Order 13-15 or served by first class mail, postage prepaid, on the following interested persons (list names and complete mailing addresses):

Signature