



GEORGIA PUBLIC DEFENDER STANDARDS COUNCIL

CHANGE OF ADDRESS / NAME FORM

OLD ADDRESS / NAME

NEW ADDRESS / NAME

Name: _____

Name: _____

Last First Middle

Last First Middle

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Zip: _____ County: _____

Zip: _____ County: _____

Social Security Number: _____

Home Phone Number: _____

Cell Phone Number: _____

Please fill in new contact information and/or name change, and mail or fax the form to

Joey Mak
Human Resources Coordinator
Georgia Public Defender Standards Council
104 Marietta Street, Suite 200
Atlanta, GA 30303
Fax: (404) 463-1903

Do you have health insurance with the State of Georgia? Yes: C No: C

If Yes, please complete the SHBP Change and Miscellaneous Update Form to change your address/name for health insurance.

Signature: _____

Date: _____