

Postmaster
123 Main Street
Anytown, New York, 60111

Date: January 1, 2009

**Request for Change of Address or Boxholder
Information Needed for Service of Legal Process**

Please furnish the new address or the name and street address (if a boxholder) for the following:

NAME: John Doe

ADDRESS: 456 Oak Street, Springfield, CA 90000

*NOTE: The name and the last known address are required for change of address information.
The name, if known, and the post office box address are required for boxholder information.*

The following information is provided in accordance with 39CFR 265.6(D)(6)(II). There is no fee for providing boxholder information. The fee for providing change of address information is waived in accordance with 39 CFR 265.6(d)(1) and (2) and corresponding Administrative Support Manual 352.44a and b.

1. Capacity of requester: Process Server
(e.g. process server, attorney, party representing himself)
2. Statute or regulation that empowers me to serve process: HB 2004
(Not required when requester is an attorney or a party acting pro se - except a corporation acting pro so must cite statute.)
3. The names of all known parties to the litigation: Mary Smith, Fred Smith, Tiffany Smith
4. The court in which the case has or will be heard: Patterson County, CA
5. The docket or other identifying number if one has been issued: 12345

WARNING

THE SUBMISSION OF FALSE INFORMATION EITHER (A) TO OBTAIN AND USE CHANGE OF ADDRESS INFORMATION OR BOXHOLDER INFORMATION FOR ANY PURPOSE OTHER THAN THE SERVICE OF LEGAL PROCESS IN CONNECTION WITH ACTUAL OR PROSPECTIVE LITIGATION OR (2) TO AVOID PAYMENT OF THE FEE FOR CHANGE OF ADDRESS INFORMATION COULD RESULT IN CRIMINAL PENALTIES INCLUDING A FINE UP TO \$10,000 OR IMPROSONMENT OF NOT MORE THAN 5 YEARS, OR BOTH (TITLE 18 U.S.C. SECTION 1001)

I certify that the above information is true and that the address information is needed and will be used solely for service of legal process in connection with actual or prospective litigation.

Signature

Address
1722 Elm Street

City, State, Zip Code
Atwell, CA 90001

Printed Name James Steinbeck

FOR POST OFFICE USE ONLY

- | | | |
|--|-------------------------------------|----------|
| <input type="checkbox"/> No change of address order on file | NEW ADDRESS OR BOXHOLDER'S NAME and | Postmark |
| <input type="checkbox"/> Still receives mail at this address | STREET ADDRESS | |
| <input type="checkbox"/> Not known at address given | _____ | |
| <input type="checkbox"/> Moved, left no forwarding address | _____ | |
| <input type="checkbox"/> No such address | _____ | |

This form was designed by Assist-Pro from a PDF file. It is in Word format and uses table cells so that the user can type in the needed information.