JUVENILE DEPARTMENT 201 S. Indian River Drive, 3<sup>rd</sup> floor, Fort Pierce, FL 34950 772-462-6800 / 772-462-6807 fax

## **Notice of Permanent Address Form**

CASE NAME:	CASE NO.:
Ι,	, parent of the above named child(ren) hereby
certify that the follow	ving address is my permanent mailing address:
I acknowledg	e that the above address is the one that will be used by the Department of
Children and Familie	es, the Guardian ad Litem Program, my attorney and the Court. I understand
and agree that service	e of any summons, notice, pleadings, subpoenas or other papers to the
permanent mailing ac	ddress on file with the court will be presumed to be appropriate service.
I understand a	and agree that I have an affirmative duty to keep the Court, the Department
and all parties inform	ned of my address. I understand and agree that I have a duty to notify the
Clerk of Court, the D	epartment, the Guardian ad Litem Program and my attorney in writing if
my address changes.	
Date:	
	Signature