STATE OF OREGON

JUDICIAL DEPARTMENT

PROOF OF ADDRESS DECLARATION

**To be completed by Central Services:**

Court: Case #: Case Name:

Payee Name:

Payee Last Known Address: City: State: Zip:

Staff Initials:

**To be completed by Payee:**

Payee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My telephone number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

My mailing address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

I reside at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip

**Payee:** Please complete the declaration below and return the completed form to the following address:

Oregon Judicial Department

Business and Fiscal Services Division

Attention: Central Services

1163 State St.

Salem OR 97301-2563

**I completed this declaration for the purpose of providing the State of Oregon, Judicial Department with an updated mailing address.**

**I hereby declare that the above statements are true. I understand they are made for use as evidence in court and I could be subject to penalty for perjury.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print)