

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MONTANA
Victim Address Change Form

This form is to be used by a victim or a victim’s authorized representative to change the address of a criminal restitution victim. Once approved, all future restitution payments will be sent to the new address. For details on how to complete and submit this form, please see page 2. If you wish to change the name of a restitution victim, you MUST complete the Sealed Petition for Victim Name Change.

SECTION 1 – VICTIM INFORMATION		
a. Victim Name (as it appears in judgment(s))		b. Criminal Case Number
c. Defendant(s) Name(s):		
Address on File (Old Address)		
d. Street		
e. City	f. State	g. Zip
h. Phone		i. Email
j. <input type="checkbox"/> Check if request is being made by an authorized representative of the victim. (Please provide documentation that you are authorized to speak on behalf of the victim.)		
Victim representative name: _____		
Representative’s relationship to victim: <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Legal counsel <input type="checkbox"/> Power of Attorney		
<input type="checkbox"/> Other (please specify): _____		
SECTION 2 – NEW ADDRESS		
k. Street		
l. City	m. State	n. Zip
o. Phone		p. Email
SECTION 3 – DECLARATION		
q. For Individual Victim I, _____, am the victim named in a federal criminal judgment as being entitled to restitution payments. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.	r. For representative of individual or organization victim I, _____, am the authorized representative of (victim name) _____ who was named in a federal criminal judgment as being entitled to restitution payments. By signing my name below, I declare under penalty of perjury that the foregoing information and supporting documentation are true and correct.	
Printed Name:	Printed Name:	
Signature:	Signature:	
Date:	Date:	

Instructions for Completing Victim Address Change Form

This form is to be used by a victim or a victim’s authorized representative to change the address of a criminal restitution victim. Once approved, all future restitution payments will be sent to the new address. Please follow the instructions below for completing and submitting this form. An employee of the District Clerk’s Office will contact you if the court requires additional information to support this request.

If you wish to change the **name** of a restitution victim,
you **MUST** complete the Sealed Petition for Victim Name Change.

SECTION 1 - VICTIM INFORMATION

Box a	Enter the victim’s name as it appears on the criminal judgment or order of restitution.
Boxes b-c	Provide as much of the information about the criminal case(s) as you can.
Boxes d-i	Provide the address currently on file with the court and other contact information
Box j	If you are the victim, skip to SECTION 2. If you are not the victim but are completing this form as the authorized representative of the victim, check the box “Check if request is being made by an authorized representative of the victim”, enter your name, and check the appropriate box describing your relationship to the victim. Attach appropriate documentation that you are authorized to speak on behalf of the victim.

SECTION 2 – NEW ADDRESS

Boxes k-p	Enter the new address and other contact information to which restitution payments should be sent.
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SECTION 3 – DECLARATION

Boxes q & r	By signing this form, you declare under penalty of perjury that the information and the supporting documentation you provide are true and correct.
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HOW TO SUBMIT

The fully executed form and any supporting documentation should be sent to the Clerk’s Office by one of the following:

Email:	Mtd_Restitution@mtd.uscourts.gov
Mail or Hand Delivery:	Clerk's Office, Finance Department U.S. District Court 201 East Broadway Missoula, MT 59802

For questions with this form, please contact the finance department at 406-829-7146.