

Community Supervision and Corrections Department  
Harris County

Teresa May, Ph.D.  
Director

Brian Lovins, Ph.D.  
Assistant Director



**CLAIMANT ADDRESS CHANGE REQUEST**

*Please return completed form to:*

*HCCSCD*

*Attn: Restitution Dept*

*49 San Jacinto, Suite 610*

*Houston TX 77002*

Please be advised I am presently receiving restitution from the Harris County Community Supervision and Corrections Department. I am submitting this form to you in order to change my mailing address.

**CASE INFORMATION**

*Please provide as much information as possible*

**DEFENDANT NAME:** \_\_\_\_\_

**COURT:** \_\_\_\_\_ **CAUSE NUMBER:** \_\_\_\_\_

**SPN:** \_\_\_\_\_ **DATE OF CHANGE:** \_\_\_\_\_

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**VICTIM INFORMATION**

Claimant Name: \_\_\_\_\_

New Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (Apt/Ste #)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

CLAIM NUMBER: \_\_\_\_\_  
(if known)

\_\_\_\_\_  
(Signature)