DO NOT USE THIS FORM UNLESS YOU CHANGE ADDRESSES

The Court	t has your address from the initial inves	tigation or other	documentation.
Ref: U.S. v			
Case Number (from U.S. Attorne	y's Office letters):		
To Whom It May Concern:			
	e. I understand that the Court has ordered restinew address and phone number.	tution for the victims	of this crime. I have moved and
Name:		Email:	
Old Address:		Phone:	
City:	State:		ZIP Code
New Address:		Phone:	
City:	State:		ZIP Code
Signatu	re		 Date

This form must be mailed to:

Attn: Victim Witness Specialist U.S. Attorney's Office - District of Hawaii 300 Ala Moana Blvd, Room 6-100 Honolulu, HI 96850

(808)541-2850

Failure to keep the U.S. Attorney's Office informed of a change in address may result in you not getting any restitution that is owed to you.